

Request for Additional Copies of the Official Transcript (only for those who had graduated)

Complete and submit this form together with the <u>non-refundable</u> official transcript fee receipt to the Office of the Registrar during office hours (please avoid lunchtime). Payment can be done at the **Student Services Hub** (opposite Dental@Uni) during the following hours: Monday to Friday (10:00am to 5:00pm). Incomplete forms, and those without payment enclosed, will not be processed.

| Name: | | | | |
|---|---|-------------------|------------------|---|
| (as in your official t | transcript) | | | |
| Student Identification No: | Date of Birth: | | | 3irth: |
| | (NRIC of FIN numb | ber) | | (dd mmm yyyy) |
| Transcript Type Required: <i>(tick ☑)</i> | ☐ Undergraduate ☐ ☐ Graduate | ☐ Non-Graduating | J/Exchange | Order Quantity: |
| | (use separate form for | r each type) | | |
| (tick \square) \square In P | d like to receive my orde Person Courier to the Address | er – | Amount Enclo | osed: S\$ (ensure correct amount to avoid delay; do not mail cash) |
| 1. Mail | transcript(s) to Name: Destination Address: | <u> </u> | | |
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| | Contact person & No: | | | (Note: DHL cannot deliver to P.O box) |
| 2. Mail | transcript(s) to Name: Destination Address: | : | | |
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| | Contact person & No: | | | (Note: DHL cannot deliver to P.O box) |
| 3. Mail | transcript(s) to Name: Destination Address: | : | | |
| | Destination Address. | | | |
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| | Contact person & No: | | | (Note: DHL cannot deliver to P.O box) |
| Email / Contact No(s): | (in case we encounter | r problems proces | sing your order) | |
| Required documents to be sealed & signed by Registra $(tick \ \square)$ | | 1 | ЛО | |
| Special Instructions: | | | | |
| (authorization for collection by proxy, separately | | | | |
| packaged transcript required | ý | | | |
| | | | | |
| Signature | | | | Date |
| Office Use Only | | | | |
| Date Collected | | | Signature | |