

 <p>UNIVERSITI PENDIDIKAN SULTAN IDRIS اوپنورسیتی قندیدیقن سلطان ادريس SULTAN IDRIS EDUCATION UNIVERSITY</p>	<p>EXAMINATION & GRADUATION UNIT INSTITUTE OF GRADUATE STUDIES UNIVERSITI PENDIDIKAN SULTAN IDRIS 35900 TANJUNG MALIM, PERAK TEL : 05-4505490 / 5485 FAX : 05-4594649 emel / email: uppp.ips@upsi.edu.my</p>
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APPLICATION FOR ACADEMIC TRANSCRIPT FORM

Name : _____

Identity Card Number :

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Matric Number :

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Program : _____

Mode : Course Work Mixed Mode Research PhD EdD

Collection of Transcript: (please)

In Person	<input type="checkbox"/>	Representative	<input type="checkbox"/>	By Post	<input type="checkbox"/>
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Address : _____

Telephone Number :

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Please fill the below information if you give authorize for your representative to collect the transcript:
(Compulsory: Attached a copy of representative’s identity card/ passport / matric card)

Representative’s Name : _____

Identity Card Number : _____

Relationship : _____

Telephone Number : _____

- I understand that any outstanding fees or charges, such as library fines, tuition fees or accommodation fees must be cleared with the relevant department before my transcript request can be processed.
- I understand that my official transcript will show my academic record as of the date this order is placed.
- I understand that my request will not be processed if this section of the form has not been signed to authorize the release of my record.

APPLICANT’S SIGNATURE

_____ Date : _____

Please Note : The University will only issue the transcript **ONCE**. The University will not be responsible if the transcript may be damaged or lost in the act of giving this consent. Additional copies of transcript will be charged.

FOR OFFICE USE ONLY	
Received Date : _____	Staff Name & Signature : _____
	Transcript Sent / Collected : _____