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| [TatiUniversitycollegelogo.png](https://en.wikipedia.org/wiki/File:TatiUniversitycollegelogo.png)   |  | | --- | |  | |  | [TatiUniversitycollegelogo.png](https://en.wikipedia.org/wiki/File:TatiUniversitycollegelogo.png)   |  | | --- | |  | |  |  |  | B/**BC06**/0119/V4 |  | |  | |
|  | Examination & Graduation Unit | | | |  |  |  | |  | |
|  | ACADEMIC MANAGEMENT AND QUALITY DEPARTMENT (JPAK) | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | |
| **APPLICATION FOR REPRINTING ACADEMIC TRANSCRIPT** | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | |
| Name |  |  |  |  |  |  |  | |  | |
| I.C /Passport No. | |  |  |  | Matric No. |  |  | |  | |
| Graduation Year | |  |  |  | Contact No. |  |  | |  | |
| Address | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  | |
| Reasons for applying | |  | Lost |  |  | Damaged |  | |  | |
| Application for the | |  | 1st Time/RM20.00 | |  | 2nd Time/RM30.00 | | |  | |
| Collection method | |  | Walk in |  |  |  | |  | |  |
|  | Representative | |  |  |  | |  | |
|  | Name of representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | I.C No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
|  | Sent to the address above. | | |  |  | |  | |
| I hereby certify that all information given above is **TRUE**. I will be fully responsible if the given | | | | | | | | | | |
| information above is **FALSE**. | | |  |  |  |  |  | |  | |
|  |  |  |  |  |  |  |  | |  | |
| Signature of applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  |  |  |  |  |  | |  | |
| \**The application will be processed within five (5) working days upon acceptance* | | | | | | | | |  | |
| **FOR JPAK USE:** | | | | **FOR FINANCE DEPT. USE :** | | | | | | |
|  |  |  |  |  |  |  |  | |  | |
| Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | |
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|  |  |  |  | Receipt No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | |
| Date : | |  |  | Date : | |  |  | |  | |