



COLLEGE OF MEDICINE

REQUEST FOR ACADEMIC REGISTRY SERVICES

A. To be completed by Applicant (Tick the appropriate request and put quantity in the box)

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| i) Academic Transcript | <input type="checkbox"/> | v) Certificate of completion | <input type="checkbox"/> |
| ii) Academic Transcript (Express) | <input type="checkbox"/> | vi) Identification letter | <input type="checkbox"/> |
| iii) English Proficiency Letter | <input type="checkbox"/> | vii) Academic reference letter | <input type="checkbox"/> |
| iv) Authentication of copies of certificates | <input type="checkbox"/> | | |

Name: Registration No.:
Programme of study Year completed Studies:
Signature: Date:

To be Self-collected To be posted/e-mailed

Please provide postal/e-mail address where the document(s) is/are to be sent:

.....
.....

B. To be completed by Records Office

I certify that the applicant was our student from
..... to and graduated with a in
Signature: Date:

C. Details of Payment (Payment should only be accepted if the Applicant does not owe the College)

..... Amount in MK
Receipt No.: Signature: Date:

D. To be completed by Registrar

I approve/not approve the production of

Signature: Date:

E. To be completed by Applicant (Not applicable for those opting to send direct)

Collected by: Signature: Date:

Note the charges for one copy of:

Academic Transcript: (ordinary) MK10,000; Academic Transcript (Express) MK15,000; English Proficiency Letter MK2,500; Certificate of Completion MK2,500; Identification letter MK2,500; Academic reference letter MK2,500; Authentication of copies of certificates MK10, 000.