CENTRE FOR GRADUATE STUDIES
UNIVERSITI TUN HUSSEIN ONN MALAYSIA
APPLICATION FOR CERTIFICATE AND TRANSCRIPT REPRINT

SECTION A: APPLICANT'S PERSONAL DETAILS

NRIC / PASSPORT NUMBER :

MATRICULATION NUMBER :

FULL NAME : _____

FACULTY : _____

ACADEMIC PROGRAMME : _____

YEAR OF GRADUATION :

SECTION B: APPLICATION DETAILS

Please indicate your selection by placing an "X" in the corresponding box for the options you are applying for. Thank you.

[ ] Replacement of certificate due to loss or *theft or **natural disaster

[ ] Replacement of academic transcript due to loss or *theft or **natural disaster

[ ] Replacement of certificate and academic transcript due to loss or theft or **natural disaster

* Please attach the police report for theft-related requests.
** Kindly attach formal documents related to the natural disaster for applicable requests.

Applicants shall be charged **RM 100.00** for each copy of the reprint. Reprint processing fees are waived for applications related to theft and natural disasters.

The application shall only be processed upon the submission of the originally certified copy of your identification card (duly attested by a commissioner of oaths) along with verifiable proof of payment.

SECTION C: COLLECTIONS OF DOCUMENT(S)

[ ] I shall personally retrieve the aforementioned document(s) from the Center for Graduate Studies, Universiti Tun Hussein Onn Malaysia (UTHM).

[ ] I hereby submit a formal request for the document(s) to be sent to my designated mailing address via postal mail.

SECTION D: MAILING ADDRESS AND CONTACT DETAILS

MAILING ADDRESS : _____

_____

_____

PHONE NUMBER : _____

SECTION E: STUDENT DECLARATION

I hereby confirm that the information provided in this application is accurate and true.

_____   _____
Full Name and Signature   **Date**

SECTION F: OFFICE USE ONLY

The application has been duly processed, and the document(s) have been;

☐ Retrieved by the applicants at the Centre for
Graduate Studies on   _____

☐ Dispatched via mail to the applicant's mailing address

Date : _____

Courier Provider : _____

Tracking Number/Waybill Number : _____

_____   _____
Official Stamp and Initials   **Date**