

**KOLEJ UNIVERSITI TUNKU ABDUL RAHMAN**

**APPLICATION FOR ACADEMIC TRANSCRIPT**  
(FOR WF & WM STATUS STUDENTS ONLY)

An applicant with WF/WM status is required to fulfill the following requirements as to be eligible for application for academic transcript:

WF: Withdrawn due to Arrears of Fees

WM: Withdrawn due to Arrears of Student Status Maintenance fee

- i) To return the outstanding reference books to Library, if any.
- ii) To pay for Administration Fee of RM200.

Name (IN BLOCK LETTERS): .....

Address: .....

.....

Telephone No: ..... Transcript: To Send  Collect Personally

NRIC No: ..... Gender: Male  Female

Faculty/Centre/School: ..... Programme of Study: .....

Location: Kuala Lumpur  Penang  Perak  Johor  Pahang  Sabah

Year of Admission: ..... Year of Leaving: .....

Student Status: WF  WM  Verified by DECA: \_\_\_\_\_  
(Signature & Date)

**Clearance on outstanding reference books from Library:**

**For Library Use:**

Applicant does not owe Library any reference books.

Confirmed by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_ Office's stamp: \_\_\_\_\_  
(Name)

**Payment:**

- i) Academic Transcript Fee of **RM 10.00** per copy is charged.

<u>Level</u>	<u>Student Registration No</u>	<u>No of Copies Required</u>	<u>Amount</u>
1. ADCTP	.....	.....	x RM10.00 = RM.....
2. CERTIFICATE	.....	.....	x RM10.00 = RM.....
3. FOUNDATION	.....	.....	x RM10.00 = RM.....
4. DIPLOMA	.....	.....	x RM10.00 = RM.....
5. ADV. DIPLOMA	.....	.....	x RM10.00 = RM.....
6. BACHELOR	.....	.....	x RM10.00 = RM.....
7. MASTER	.....	.....	x RM10.00 = RM.....

Total Academic Transcript Fees: RM

- ii) Administration Fee of **RM200.00** is charged.

**KOLEJ UNIVERSITI TUNKU ABDUL RAHMAN**

**APPLICATION FOR ACADEMIC TRANSCRIPT**  
(FOR WF & WM STATUS STUDENTS ONLY)

**For Bursary Use:**

Receipt No: \_\_\_\_\_

Issued by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_ Office's stamp: \_\_\_\_\_  
(Name)

List the name and address of the University which the Academic Transcript is to be sent (if any).

- |        |        |
|--------|--------|
| 1..... | 2..... |
| .....  | .....  |
| .....  | .....  |
| .....  | .....  |

Date: ..... Signature of applicant:.....

**For Department of Examinations and Credit Accumulation (DECA) Use:**

Checked by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_ Office's stamp: \_\_\_\_\_  
(Name)

**NOTE:** Applicant(s) are reminded that this form **MUST** be submitted to Department of Examinations and Credit Accumulation for processing after making payment.