



STUDENT ACADEMIC SERVICES (SAS)  
P.O.BOX R113  
Honiara,  
Solomon Islands

## **TRANSCRIPT REQUEST FORM.**

### **1. STUDENT DETAILS:**

STUDENT NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_

FACULTY NAME: \_\_\_\_\_

REQUESTED YEAR (S) FOR TRANSCRIPT: \_\_\_\_\_ SEMESTER (S): \_\_\_\_\_

### **2. STUDENT SPONSORSHIP: (✓)**

1. PRIVATE: (\_\_\_) 2. SIG: (\_\_\_) 3. OTHERS (SPECIFY): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **3. STUDENT ACADEMIC OFFICE (OFFICIAL Use ONLY)**

1. FEE STATUS (✓): I. CLEARED (\_\_\_\_) II. NOT CLEARED (\_\_\_\_)

2. DATE TRANSCRIPT PROVIDED: \_\_\_\_\_

3. SAS RESPONSIBLE OFFICER: (I) NAME: \_\_\_\_\_

(II) SIGNATURE: \_\_\_\_\_

**NOTE TO STUDENT:** THIS FORM MUST BE SUBMITTED TOGETHER WITH A PHOTO-COPY OF THE ENROLMENT CONFIRMATION SHEET & THE FEE NOTICE FROM FINANCE DIVISION.

