



STUDENT ACADEMIC SERVICES
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CERTIFICATE AND TRANSCRIPT REQUEST FORM

Please **PRINT (WRITE IN CAPITAL LETTERS)** the required information clearly.
Section A & B must be completed by the student.

SECTION A: PERSONAL DETAILS			ID NUMBER:
TITLE:	FIRST NAME:	MIDDLE NAME:	LAST NAME:
FACULTY:		SCHOOL:	
PROGRAMME:			

Year Graduated: _____ Semester: _____

Student Comments:

Sign: _____

Date: _____

Finance Comments

Sign: _____

Date: _____

SAS Comments

Sign: _____

Date: _____

Registrar/PASO/PSSO - Approval/Disapproval

Approved: _____

Disapproval: _____

Comment (if required):

Sign: _____

Date: _____