



**Students' Academic Services,**  
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## CONFIRMATION OF COMPLETION REQUEST

*Fill out the particulars below to request letter of confirmation of completion.*

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Programme:** \_\_\_\_\_

**Commencement Date:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Programme Duration:** \_\_\_\_\_

### **Note:**

*Please attach a copy of Finance Division Advice Note confirming you have no outstanding fees with SINU.*