



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

TRANSCRIPT REQUEST FORM.

1. STUDENT DETAILS:

STUDENT NAME: _____

ID NO: _____

STUDENT EMAIL: _____

PROGRAMME: _____

REQUESTED YEAR (S) FOR TRANSCRIPT: _____ SEMESTER (S): _____

2. STUDENT SPONSORSHIP: (✓)

1. PRIVATE: (___) 2. SIG: (___) 3. OTHERS (SPECIFY): _____

APPLICANT SIGNATURE: _____ DATE: _____

3. STUDENT ACADEMIC OFFICE (OFFICE USE ONLY)

1. SAS RESPONSIBLE OFFICER (SIGNATURE): _____

2. FEE STATUS (✓): I. CLEARED (_____) II. NOT CLEARED (_____)

3. DATE TRANSCRIPT PROVIDED: _____

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

