

TRANSCRIPT REQUEST FORM

NOTES

- 1. Transcripts are only sent to institutions
- 2. Transcript cost: \$1,000.00 per programme/course for each institution
- 3. Transcripts will be dispatched within 5 working days
- 4. Transcript services are **NOT** available to students with outstanding fees
- 5. The timely processing of your document is dependent on the accuracy and completeness of the information supplied.

Is this the first request for the Participant? Yes [] No [] If no, give date of application										
Name of Participant(while attending MIND):							Date of Birth:			
Name of Farticipant(while attending MIND):							Date of Birth:			
Current Mailing Address:										
							I D			
							Participant's ID #			
Telephor	ne (w)		Telephone (c)				E-mail Address:			
Course/Programme Completed							Start Date	;	End Date	
1.										
2.										
3.										
Give full name and address of Organization or Institution where document should be addressed:										
Name							Contact/Address			
a. –										
1										
b. –										
Indicate method of dispatch:										
Send by bearer [] To be collected [] Registered mail [] Ordinary Mail [] * Courier Service [] (* attracts additional charge)										
Date of Request: Name o			of person completing form			Contact Number:		Signature:		
For Official Use Only										
Accounts Unit										
Financial Status: Financially Clear Not Financially Clear										
Receipt #	#	Receipt Date:				Signature (Accounts)				
Registry and Records Management Unit										
Research Status: Complete No Record Found										
Prepared	by:	Checke	Checked by:		Approved by:		Date Dispatched:			