

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
SCHOOL OF GRADUATE STUDIES

TRANSCRIPT APPLICATION FORM

1. FULL NAME OF APPLICANT (IN CAPITALS) DATE:

Surname.....Other Names.....

2. CURRENT POSTAL ADDRESS TEL:

.....e-mail:

3. PROGRAMME: ID NO:

DISTANCE LEARNING REGULAR PG. NO.....

4. ADMISSION YEAR: GRADUATED NOT GRADUATED

5. YEAR AND MONTH GRADUATED.....

6. PLEASE PROVIDE ADDRESSE(S) OF INSTITUTIONS WHO HAVE REQUESTED FOR THIS TRANSCRIPT IN ANY OF THE SPACES PROVIDED BELOW. IF NO ADDRESS, OR IF A PERSONAL COPY, **KINDLY WRITE "TO WHOM IT MAY CONCERN"**

(i) (ii)

.....
.....
.....
.....

NO. OF COPIES

NO. OF COPIES

(iii) (iv)

.....
.....
.....
.....

NO. OF COPIES

NO. OF COPIES

Thesis Topic:

.....
.....
.....
.....

OFFICE USE ONLY

ACCOUNT OFFICE

- a. Amount Paid GH¢.....
- b. No. of Copies
- d. Receipt No.:
- f. Signature:
- h. Date:

ADMINISTRATIVE OFFICE

- a. Prepared by:
- c. Date:
- e. Confirm by PAA/Other.:
- g. Date: