

## 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 <u>NOT</u> 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 :		
Current Mailing Address:								
						Participant's ID #		
Telephone (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								
b.								
Indicate method of dispatch:								
Send by bearer [] To be collected [] Registered mail [] Ordinary Mail [] * Courier Service []   (* attracts additional charge)								
Date of Request: Name of person completing form			: Contact Number:		mber:	Signature:		
For Official Use Only								
Receipt # Receipt Date:								
Search Status:								
Search Status:								
Prepared by:	Checke	ed by: Approved		ved l	by:	Date Dispatch	led:	