B/BD06/0824/V4

JABATAN PENGURUSAN AKADEMIK (JPAK)
DEPARTMENT OF ACADEMIC MANAGEMENT
(Unit Peperiksaan & Graduasi/Examination & Graduation Unit)
Tel: 09-8601000 ext: 1055/58 Emel/*E-mail*: JPAK_UPG@uctati.edu.my

BORANG PERMOHONAN TUNTUTAN SKROL/TRANSKRIP

Application for Collection Scroll & Transcript

NAMA PEMOHON : _____
Name

NO. KAD PENGENALAN : _____
Identity Card No.

NO. KAD MATRIK : _____
Matric Card No.

PROGRAM PENGAJIAN : _____
Academic program

ALAMAT : _____
Address

_____

No. Telefon : _____ Emel : _____
Phone Number *E-mail*

Cara Tuntutan:
Mode of Collection (please tick):

☐ Ambil di Kaunter
Self-collect at JPAK Counter

☐ Pos
Post

PENGESAHAN JABATAN KEWANGAN

Verification Department of Finance

Status (DILULUSKAN/DITAHAN). Ulasan sekiranya DITAHAN _____
status (APPROVED/HOLD). Please comments if HOLD

T/Tangan Pegawai	Cop Rasmi Jabatan	Tarikh
Officer's signature	*Official stamp*	*Date*
_____	_____	_____

PENGESAHAN JABATAN PENGURUSAN AKADEMIK

Verification Department of Academic Management

Status (DILULUSKAN/DITAHAN). Ulasan sekiranya DITAHAN _____
status (APPROVED / HOLD). Please comments if HOLD

T/Tangan Pegawai *Officer's signature*	Cop Rasmi Jabatan *Official stamp*	Tarikh *Date*
_____	_____	_____

PENGESAHAN PENERIMAAN (PELAJAR)

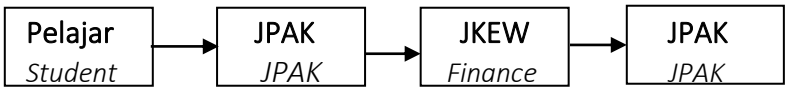
Confirmation of Acceptance (Student)

Skrol (Ijazah/Diploma/Asasi) ☐
Scroll (Degree/Diploma/Foundation)

Transkrip Akademik ☐
Academic Transcript

_____ _____
T/Tangan Tarikh
Signature *Date*

Aliran :
Flow :



Jika wakil graduan (*On behalf*):

NAMA : _____
Name

NO. TELEFON : _____
Phone Number

TARIKH : _____
Date

TANDATANGAN : _____
Signature

NOTA/*Note*:

** *UC TATI tidak akan bertanggungjawab sekiranya transkrip/skrol rasmi yang dihantar melalui pos tidak diterima, rosak atau hilang.*

** *UC TATI will not be responsible if transcripts/scrolls sent by post are not received, damaged or lost.*

UNIVERSITY COLLEGE TATI

APPLICATION FOR CONFERMENT OF DEGREE/DIPLOMA

Name Of Student : ……

IC Number : …… Gender : Male/Female

Email Address : ……

Mobile Number : …… Matric Card No. : ……

Programme : …… Faculty : ……

Address : ……

**** TOTAL CREDITS ACHIEVED:** ……

Signature : …… Date : ……..

DECLARATION BY FACULTY OFFICE

I certify that the student's name above is qualified/ not qualified to be conferred the Degree/Diploma.

(Please specify the reason (s) if not qualified):

_____

Signature Head of Program: …… Date: ……

Official Stamp: ……

APPROVED BY:

Signature Dean's/Deputy Dean's Signature: ……

Date: ……

Official Stamp: ……

FOR DEPARTMENT OF ACADEMIC MANAGEMENT USE ONLY

RECEIVED BY:

Signature : …… Date : ……

Name : ……