



CENTRE FOR FOUNDATION STUDIES

APPLICATION FOR ACADEMIC CERTIFICATE

NAME : _____
 MATRIC NO : _____ MAHALLAH ROOM NO : _____
 H/PHONE NO. : _____ PROGRAMME : _____
 POSTAL ADDRESS : _____

 DATE REQUEST : _____ STUDENT'S SIGNATURE: _____

REQUEST: (PLEASE TICK (v) WHICH IS NECESSARY)		QUANTITY	AMOUNT (RM)
	ACADEMIC TRANSCRIPT (RM5.00)		
	DEAN'S LIST (RM10.00)		
	CFS CERTIFICATE (RM10.00)		
TOTAL			

VERIFICATION BY FINANCE DEPARTMENT :

PAYMENT HAS BEEN MADE: YES / NO

RECEIPT NUMBER : _____

(SIGNATURE & STAMP)

DATE: _____

OFFICE USE :

(Signature)

Date: _____

(Please allow 3 working days excluding the application day for processing.)