

INTERNATIONAL MEDICAL AND TECHNOLOGICAL UNIVERSITY



A SCIENCE AND TECHNOLOGY UNIVERSITY IN TANZANIA

P.O. Box 77594, New Bagamoyo Road, Mbezi Beach Area, Dar es Salaam, Tanzania

PARTIAL ACADEMIC TRANSCRIPT REQUEST FORM INSTRUCTIONS

1. The completed filled-in form must be submitted to the Controller of Examinations Office. (Direct or Electronically)
2. Official Partial Academic transcripts are provided after the end of an Audit-Year free-of-charge. Requests of the same for any special purposes will be issued after payment of a processing fee of Tshs 10000/=. Transcript records will require a minimum of 10 days for processing from the time of submission of the filled-in form in the Controller of Examinations Office.
3. Requests are processed in the order received. All transcripts requested will be processed on a first come, first serve basis.
4. No request will be processed unless all financial and other obligations to the University have been fulfilled.
5. This form will not be processed without the student's signature.

Name of the Student (First / Middle / Last):

Former Name (If Applicable):

University Registration Number:

Sex:

Date of Birth:

Nationality:

Program:

Present in Semester:

Requesting Semester Transcript:

Date of Admission:

Date of University Examination(s):

Name of the Institution (s) Previously Attended with Dates:

Mobile No:

Email Address:

Postal Address:

Student's Signature:

Date:

For Official Use Only

The above mentioned student has cleared all financial commitments to the University till _____ Semester.

Finance Manager

Controller of Examinations