

ARCHBISHOP MIHAYO UNIVERSITY COLLEGE OF TABORA
(A Constituent College of St Augustine University of Tanzania)



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TRANSCRIPT REQUEST FORM

(To be filled by the Applicant)

1. Surname: _____
2. First name: _____
3. Other names: _____
4. Registration Number: _____ Graduation year: _____
5. Programme (E.g. Bachelor of Arts With Education)

6. Phone Number: _____ Email: _____
7. Sponsorship (HESLB/Private): _____
8. Physical Address: (P. O Box): _____

Applicant's Signature: _____

Declaration by the Applicant

I _____ hereby authorize the release of my transcript in compliance with the legislation on the confidentiality of information. I also understand that transcripts are withheld when fees and other debts are outstanding. It is criminal offence to sign this form on behalf of someone else without a legal written authorization.

Signature: _____ Date: _____

ATTACHMENTS

1. A debt free clearance form
2. Graduation cost payment receipt
3. Copies of birth certificate and O – level certificate
4. ID copy (Any of: Employee ID, NIDA, Travelling Passport, Voter's ID, Driving License)

(For Official Use)

Transcript No _____ issued/ not issued to applicant on this _____ day of 20____

Issuing Officer's Name; _____ Signature: _____

Issuing Officer's Position _____