

NJALA UNIVERSITY

OFFICE OF THE REGISTRAR

INFORMATION NEEDED FOR THE PREPARATION OF STUDENT TRANSCRIPT
Please complete the following information for our records for student transcript.

Name:.....**ID. NO:**.....
(Mr./Mrs./Miss) Surname Forenames

Address at Time of admission:.....
.....

Place of Birth:.....
Town District Province

Date of Birth:.....
Date Month Year

Name and Address of Parent/Guardian:.....
.....

Accepted from what School/College:.....

Form attained:.....

O' Levels Obtained	A' Levels Obtained/Degree
.....
.....
.....
.....
.....
.....
.....

Programme of study:.....
Date of Entry:.....
Faculty Entered:.....
Degree/Certificate:.....
Date of Completion:.....

Signature of Applicant:.....**Date:**.....
Examination Office

NOTE: **This form should be returned with the following:**
(i) **One (1) passport size photograph, taken on a light background**
(ii) **Photocopy of O' Level Certificates.**

For Master and IT Students Only- Project Topic: