ACADEMIC CERTIFICATES REQUEST

*DETAILS OF THE APPLICANT

Registration No -

Index No -

Batch No -

Full Name –

Contact No -

E-Mail –

*REQUESTING CERTIFICATES

For B.Sc. (Hons) in Nursing / B. Pharm (Hons) / B.Sc. (Hons) Medical Laboratory Sciences Degrees / B.Sc. (Hons) in Optometry

Academic Transcript ☐

Dean's Letter ☐

Course Content ☐

ADDITIONAL INFORMATION

*PAYMENT

Payment slip attached ☐

***Must be filled by the applicant.**