



REQUEST FOR OFFICIAL TRANSCRIPT

Student ID No: _____

Student National ID No: _____

Student Information (Print Clearly)

1. Name While Enrolled

Last: _____ First: _____ Middle: _____

2. Current Address and Telephone Number

Address: _____ City: _____ Province: _____

Mobile: _____ Emergency Number: _____

Email: _____

3. Date of Birth Month: _____ Day: _____ Year: _____

4. Enrollment Status

- Currently Enrolled at NIMA
- Last Enrolled (Year): _____
- Graduated (Year): _____

5. Department Studied In (Select One)

- ICT
- Management
- Accounting

Student's Signature: _____ Date: _____

Office of the Institute Registrar (OIR)

Date processed: _____ Name: _____