

## Section A Personal Details (Please complete in CAPITAL LETTERS)

Student ID :

Full Name : \_\_\_\_\_ Level of Study :  Foundation  Undergraduate  Postgraduate

Programme : \_\_\_\_\_ Intake of Study : \_\_\_\_\_ (month & year)

Email : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Please indicate your preferred delivery mode:  REX Counter  Through email  Post to the address below

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Postcode : \_\_\_\_\_ Country : \_\_\_\_\_

## Section B Request \*\*Please clear your OUTSTANDING before applying any of the document stated

Please select (√) the type of request you require:	(√)	Price (RM)/copy	Quantity	Total (RM)
1. <b>Partial Academic Transcript</b> <input type="checkbox"/> Foundation <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <i>For Postgraduate by Research, please attach copy of your Hardbound Thesis (Front Page)</i>		20		
2. <b>Foundation Official Transcript</b> <i>(A free copy will be issued during Foundation Studies Completion Ceremony)</i>		30		
3. <b>Foundation Certificate</b> <i>(A free copy will be issued during Foundation Studies Completion Ceremony)</i>		30		
4. <b>Completion Letter</b> : <input type="checkbox"/> Expected <input type="checkbox"/> Completed Level of Study : <input type="checkbox"/> Foundation <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate Completion Date: <input type="text"/> Viva Date: <input type="text"/> <input type="text"/> <i>For Postgraduate by Research, please attach copy of your Hardbound Thesis (Front Page)</i>		5		
5. <b>Medium of Teaching Letter</b>		5		
6. <b>Research Methodology Result</b> <i>(Only applicable for Postgraduate Students)</i>		5		
Postage Fee <i>(if applicable)</i> : <input type="checkbox"/> Local (RM15) <input type="checkbox"/> International (RM150)				
<b>Processing Period:</b> Five (5) Working days		<b>GRAND TOTAL (RM)</b>		

Student's Signature: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_

## Section C Payment Method & Details

Please ensure that you have obtained confirmation from REX on the amount to be paid.

Online Banking  Finance Counter

For Online Banking, please pay to the following account:

Bank Name : CIMB Bank Berhad  
Beneficiary Name : UNIVERSITI TEKNOLOGI PETRONAS  
Account Number : 8004852703  
Amount Paid : RM

FINANCE  
STAMP

## Section D For Office Use Only

Date Issued : \_\_\_\_\_

Completed By : \_\_\_\_\_

Signature : \_\_\_\_\_

\*Please submit the completed form together with proof of payment

## Section E Proof of Application \*\*Student MUST present this slip during collection

Student Name : \_\_\_\_\_ Request Type:  
Student ID : \_\_\_\_\_  Partial Academic Transcript  
Representative Name : \_\_\_\_\_  Foundation Certificate  
Student ID : \_\_\_\_\_  Completion Letter  
 Medium of Teaching Letter  
 Research Methodology Result

REGISTRY  
STAMP

\*Processing Period: Five (5) Working days

\*\*Postage Fee: Local (RM15), International (RM150)

# THIRD PARTY AUTHORISATION FORM

**NOTE: Student must complete the form for third party document(s) collection and/or release of student information.**

## Instructions

1. The **Third Party Authorisation Form** must be completed and signed by the student.
2. This form must be submitted together with the **Request Form**.
3. The application must only be submitted by the requestor.
4. Representative must present identification evidence (IC/Passport) during the collection of the document(s).
5. Cancellation of the authorisation form must be notified to REX.

**By signing this form, I authorize UTP to release the information and/or document(s) to my representative:**

- Partial Academic Transcript
- Foundation Certificate
- Completion Letter
- Medium of Teaching Letter
- Research Methodology Result

Student's Signature: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_

## Third Party Details

Student ID : 

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Full Name : \_\_\_\_\_

IC/Passport No. : \_\_\_\_\_

Email : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

## Important Information

1. By submitting this form to UTP, the student is deemed to have obtained the proper consent from the Third Party that the University shall collect, process, use, disclose and retained his/her personal data for the purpose of this form.
2. All Personal Data collected in this Form will be managed in accordance with the Personal Data Protection Act 2010 and Universiti Teknologi PETRONAS's privacy policy accessible at [www.utp.edu.my](http://www.utp.edu.my).

## To be completed by Third Party (upon collection)

I confirmed that I have received the authorized document(s).

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_