



Request for Course Verification Letter or Replacement or Certified True Copy of Certificate / Transcript

This form will take approximately 5 minutes to complete. You will need the following information to complete the form:

- Your NRIC / FIN / Passport / Course Name and Batch Number.
- Original copy of police report (if replacement is due to loss of Certificate / Transcript). Without a police report, you may request for a Certified True Copy. This is a photocopy of your certificate or transcript "Certified True Copy" by MDIS.
- Deed poll (if replacement is due to change of name).
- Processing time: 14 working days. A collection letter will be sent to your email address when the documents are ready for collection.
- **Write LEGIBLY and in CAPITAL LETTERS. All fields are mandatory.**

Part I: To be completed by Graduate / Student

Name of Graduate / Student: _____

Address: _____

NRIC / FIN / Passport No: _____ Email Address: _____

Tel No (H/O): _____ (HP): _____

Course Name: _____ Batch Number: _____

I am requesting for: (please tick the appropriate box)

Replacement (subject to prevailing GST) *only for MDIS programmes	Certified True Copy or Course Verification Letter (subject to prevailing GST)
<input type="checkbox"/> Certificate – S\$50.00 (for pre-degree) <input type="checkbox"/> Transcript – S\$50.00 (for pre-degree) **For degree and post graduate, please contact your University for replacement request.	<input type="checkbox"/> Certificate – S\$30.00 <input type="checkbox"/> Transcript – S\$30.00 <input type="checkbox"/> Course Verification Letter – S\$30.00 (with grades)

Reason for Replacement:

- Change of Name** (to attach Deed poll, Original Certificate and Transcript)
- Damaged** (to attach Original Certificate and Transcript)
- Lost** (to attach Police Report)
- Others, please specify:** _____ (to attach any supporting documents)

DECLARATION:

I hereby declare that the particulars and information furnished in this form are true and I have not wilfully suppressed any material facts.

Signature of Graduate / Student: _____ Date: _____

Part II: To be completed by Student Coordinator

Amount Paid: _____ Processed by: _____
(Name / Signature)

Outstanding Fees: **YES / NO** (if **NO**, please indicate: _____)

Receipt No*: _____ Date: _____

*Please attach a copy of the payment receipt)

Part III: To be completed by Exam Unit

Processed by: _____ Date: _____
(Name / Signature)