

TRANSCRIPT/CERTIFICATE REQUEST FORM		
P O BOX 35062 DAR ES SALAAM TEL. 255 (22) 2410645 255 (22) 2410500-8 Ext. 2720 MOBILE 0744-782120 FAX 255 (24)10690		Attach your photo here

Name (*As it will appear in the Certificate*) _____

Registration number _____

Place of birth _____

Date of birth _____ / _____ / _____
Date Month Year

Nationality _____

Address _____

City _____

Telephone number _____

Student's signature _____

COURSE(S) ATTENDED

(Please tick the appropriate box)

☐ Certificate in computing and information technology

☐ Diploma in computing and information technology

SESSION ATTENDED

Please tick the appropriate box:

☐ Morning Session

☐ Afternoon Session

☐ Evening Session

Today's Date _____

FOR: OFFICE USE ONLY

Coordinator Academic Programs

Full name _____

Signature _____