



EXCELSIOR COMMUNITY COLLEGE

TRANSCRIPT REQUEST

No:-

Is this the first transcript request for the applicant? Yes [] No [] (N.B.) "Applicant" is the owner of the transcript)				
Name under which registered at E.C.College Mr./Mrs./Miss	Last	First	Middle	
Current Mailing Address:			Date of Birth: ____/____/____ Day Month Year	
Telephone – Home:	Fax:	E-Mail	ID Number:	
Work:	Cell:			
Is the applicant a current ECC Student? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Department & Programme:		Date Started: MM/YY	Date of Completion: MM/YY	Date of last: Resit Exam : Module Done:
Give the name and address of Institution/Organization where transcript is to be sent : (PRINT CLEARLY)				

Did you receive Excelsior Community College certification? If yes, indicate Associate Degree [] Diploma [] Certificate [] Statement [] Incomplete [] Other []				
If other, specify-----				
PLEASE NOTE:				
1. A transcript is a confidential document, which is sent from one educational institution/organization to another				
2. Cost \$300; for each additional copy \$100				
3. PROCESSING TIME: within 14 working days. CAMPUS _____				
<i>The timely processing of your transcript is dependent on the accuracy and completeness of the information supplied. All financial and other obligations outstanding to the College must be met before request is processed.</i>				
4. Indicate method of dispatch: *Courier Service <input type="checkbox"/> *Registered Mail <input type="checkbox"/> *Fax <input type="checkbox"/> Other <input type="checkbox"/> *(Attract additional cost)				
Amount paid at Accounts Dept.	Receipt No. & Date	Date of Request	Name of person completing the form	Contact No.
Signature of person completing the form:				
FOR OFFICE USE ONLY Date Sent	Prepared by: Date:	Signature Document Coordinator Date:		

YOU ARE RESPONSIBLE TO TYPE OR PRINT CLEARLY IN THE SPACE PROVIDED,
THE NAME AND ADDRESS OF THE INSTITUTION OR ORGANISATION WHERE
THE TRANSCRIPT IS TO BE SENT. COMPLETE ONE FOR EACH