

Salim Habib University

NC-24 Deh, Dih Korangi Creek, Karachi

APPLICATION FOR ISSUANCE OF INTERIM TRANSCRIPT

To be filled by the student (please read instructions below before filling up)

Reg #: _____ Name of Student: _____ Father's Name : _____
Program: _____ Session: Morning /Evening /Weekend E-mail: _____
Year & Semester of passing the last Examination _____ Telephone #. (Res) _____ Mob: _____

Please tick / write in the appropriate block

Please Issue Original **Interim** Transcript as indicated: **Urgent** **Ordinary**

Note: After receipt of the Application in the Examinations Department, delivery of the Transcript will be as under:

URGENT: within five working days **ORDINARY:** within ten working days (Fee details are mentioned in the instructions column)

I hereby undertake that I have cleared all dues and nothing is outstanding against me from any Department of the University.

Name of the student : _____ Signature: _____ Date: _____

Chairperson's Recommendation for interim Transcript: (please ensure nothing is outstanding against the student / graduate including Labs)

Recommended: Not Recommended: Date: _____ Chairperson's Signature & Stamp _____

Library Clearance for interim Transcript): (please ensure nothing is outstanding against the student / graduate)

Cleared, nothing is outstanding Not cleared due to _____
Date: _____ Librarian's Signature & Stamp _____

Registration / Admission Department Clearance for Interim Transcript

1. It is certified that all credentials required pertaining to confirmation of the above mentioned student's Admission have been received. **Name and Father's name of the student in the database has been verified and found correct. Moreover nothing is outstanding against the student.**

2. SHU ID Card has been returned by the student / graduate (if applicable): NA Yes No

Remarks (if any) : _____

Date : _____ Admission Office Signature and Stamp: _____ Registrar Office Signature and Stamp _____

Student's Finance Office

1. Received a sum of Rs. _____ (Rupees _____) for issue of Ordinary / Urgent, _____ No. of copy / copies of the Transcript. Moreover all dues in respect of the above mentioned student / graduate are cleared and nothing is outstanding.

Date : _____ Accounts Officer's Signature: _____ Office Stamp: _____

Examinations Department (for office use only)

Application Received by (Name) _____ on (date) _____ Signature:- _____ Tentative date of delivery _____

Transcript prepared by _____ verified by _____ Transcript delivered on _____

Instructions for Student / Graduate:

- Before applying for issuance of original Transcript, please ensure that no liability of any Department, including Fee, is outstanding against you.
- If you have already obtained clearance from the Departments mentioned above, please attach copy of the same in lieu of the clearance.
- Transcript issuance Fee may be deposited through cash / pay order (in the name of Salim Habib University) or as specified by the Finance Office
Urgent delivery Interim Transcript : Rs 2000/- per copy
Ordinary delivery Interim Transcript : Rs 1000/- per copy
- Forms containing incomplete / incorrect information will not be entertained.
- **Please deposit this form in the Examinations Department Facilitation Desk when clearance from all concerned has been obtained.**

Receipt for Student / Graduate- Application for Issuance of Interim Transcript

Reg #: _____ Name of Student: _____ Class & Section : _____

Expected Delivery Date: _____ Signature of receiving person: _____ Name: _____ Office Stamp