



Attachment 3

STUDENT VERIFICATION FORM

(NAME & ADDRESS SCHOOL / INSTITUTE / COLLEGE / UNIVERSITY)

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(STUDENT INFORMATION)

Name :

IC / Mykad No. :

This is to certify that the above named is currently a student at this school / institute / college / university.

- Duration of Study : (year):
- Admission : (month / year)
- Expected Completion : (month / year)

Thank you

Signature :

Name of Officer :

Occupation :

Telephone No. :

Date :

Stamping School / Institute / College / University
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