

Request for Result Slip

<u>SECT</u>	TION A						
1.	Name	:					
	Studer	nt ID :		IC/Passport :			
	Progra	ımme :					
	Spons	or :					
2.	I would like to request for a copy/copies of the result slip as stated below:						
	Semester / Year eg : Jan 2000/2001			Quantity	Amount	Amount (RM)	
				Quantity	Amount	Amount (Km)	
	Total						
	Note: RM5.00 is charged for each copy of result slips.						
	Any online payment can be made through UTP CIMB Acc: 8004857910						
3.	Reason/s:						
SECT		(Student's	Action) Plea	se tick the appropria	te box.		
			I will collec	t the slip from the Ex	cam and Record Unit		
			Please ser	nd the slip to the add	ress below:		
			Address :				
			Date :		Signature :		
SECT	<u>'ION C</u> : For office use only						
		Date Rece	ived :		Signature : Name :		

Student must submit this form together with the receipt at least one week before the date required.

Note: