ARCHBISHOP MIHAYO UNIVERSITY COLLEGE OF TABORA

(A Constituent College of St Augustine University of Tanzania)



iv)

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A REQUEST FORM FOR PRINTING/REPRINTING TRANSCRIPT/ CERTIFICATE(S)

1.	Personal Particulars	
	Surname:	First names:
	Registration Number:	Mobile phone number
	Graduation Year:	Email address
	Programme: (BAED, BEDSN, BASO, MEd etc.)	
2.	Reasons for Printing/Reprinting Transcript/Certificate(s)	
3.	Information that you want to appear on the transcript/Certificate(s)	
		Dates
4.	Recommendation from Examination	n Officer
	Name:	Dates
5.	Approval from Deputy Principal for Academic Affairs (DPAA)	
	Approved/ Not Approved	
	Name:	DatesDates
6.	Comments from IT Officer	
	Printed/Not Printed	
	Name:	Dates
	i) The transcript with wrong information	on MUST be attached to this form.
	·	particulars will pay a fee (30,000) for reprinting the transcript and 50,000 for certificate.
	iii) A student who has lost his/her transc	ript/certificate(s) will pay a fee (50,000) for reprinting.

Write only the information which was previously NOT correct.