



MAKERERE UNIVERSITY BUSINESS SCHOOL

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Office of the School Registrar

TRANSCRIPT/TESTIMONIAL REQUEST/ACKNOWLEDGEMENT FORM

Names in full.....

Programme.....

Year of Study: From..... To.....

Principal Center (College).....

Index/Registration Number.....

Sex Date of Graduation.....

Date of Birth (Date/Month/Year).....

Telephone Contact.....

Email Address.....

Year when you sat for Refers/Supplementary/Retake Examinations (if applicable)

YEAR/PERIOD	SUBJECT/COURSE	CENTRE
(Feb/July/Dec)		
1.....
2.....
3.....
4.....

Signature..... Date.....

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Serial Number.....

Transcript Date.....

Certified Transcript collected on.....

Transcript Collected on.....

Name of Issuing Officer.....

Signature of Issuing Officer..... Date.....

