

UNITED CHRISTIAN COLLEGE (KOWLOON EAST)
SCHOOL TRANSCRIPT
REQUEST FORM

Name (in English): _____ Name (in Chinese): _____

Class: S. _____ Class number: _____ Student number: s _____

Year of graduation/ leaving school: _____ Last class attended: _____

Mobile no.: _____ Date of application: _____ / _____ / 20____

(* please tick where appropriate)

I. Purpose of application

- For secondary/ high school application*
 For university application

Name of the university: _____

Country: _____

II. Format

- Hard copy (Number of copies required: _____)

Remarks: In a sealed envelope (Address: _____)

- Soft copy

To be emailed directly to the following university by the school:

_____ (Email address of the university)

_____ (Name of the contact person/ Admissions Officer - if any)

III. Important note to applicant

1) Please allow **7 SCHOOL DAYS** for the school to process your application.

2) Fee

- For generating the first copy of the transcript: \$35
- For each extra copy of transcript generated: \$5

3) Special request

- In case the transcript needs to be sent directly to the university/ institution, please tick the box 'In a sealed envelope' and provide us with the address of the recipient. However, **it is the students' responsibility to send it to the university/ institution concerned.**

----- **FOR OFFICE USE ONLY** -----

Total amount: \$35 (1st copy) + \$5x ___ extra copies = \$ _____ Request form received on: _____

Handled by: _____ Date of collection: _____

Teacher-in-charge: Mr. Tse Man Chi, Mrs. Ho Leung Ka Yan