



UNIVERSITY  
OF  
LUSAKA

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## TRANSCRIPT REQUEST FORM

### 1. STUDENT INFORMATION

NAMES (MR/MRS/MS/DR): \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_

STUDENT NO: \_\_\_\_\_ YEAR OF STUDY: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ STAGE: \_\_\_\_\_

WHEN DID YOU LAST ATTEND THE LEVEL MENTIONED ABOVE? (E.G. 2017, JULY ): \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENT: \_\_\_\_\_

### 2. OFFICIAL USE ONLY

I certify that the student does not owe the university any fees for the **previous semester** and has paid **K100** for the results transcript.

**ACCOUNTANT'S**

**SIGNATURE:**

ACCOUNTS STAMP

**APPROVED BY:**

**DATE:**

**PROCESSED BY:**