

# APPLICATION FOR CERTIFIED STATEMENT/ STATEMENT OF RESULTS/ACADEMIC TRANSCRIPT

EXM-GS-02

This form may take you 5 minutes to fill in. You will need the following information to fill in the form:

- NRIC/FIN, academic programme, examination series, centre and scheme of study/examination.

## NOTES TO APPLICANT:

- This application is for the following types of Statement:
  - Statement of Results – shows module results attained by the applicant in one examination series.
  - Academic Transcript – shows all module results attained by the applicant in the programme. The Academic Transcript is not issued for programmes under pre-Semester-based Credit Training (pre-SCT) System. A Statement of Results is issued for pre-SCT programmes.
  - Certified Statement – certifies award of certificate. It is issued in place of the original certificate.
  - Certified Statement for Full-time Higher Nitec or Nitec Early Leavers – shows module(s) passed by full-time applicants who left without completing the programme of study.
- A non-refundable administration fee of \$10 is payable for each type of statement(s) requested within the same application form.
- Processing and delivery by post of the statement(s) applied may take up to one week from the date the application is received by ITE. ITE will bear no responsibilities for the loss or damage of posted documents.
- Alternatively, applicant may choose to collect the statement(s) personally at the ITE HQ Customer Service Centre by putting a tick ☒ at Item F. Applicant will be informed of the date of collection through his/her contact number indicated in the application form within 3 working days from the date of application. Uncollected Certified Statements, Statement of Results and Transcripts for 3 months from date of notification would be destroyed and a new application would need to be submitted.

## I TO BE COMPLETED BY APPLICANT

Name (in capital letters as in NRIC/Work Permit):


ID No. (NRIC/FIN):

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Local Mailing Address (Please indicate company's name & contact person if using company's address):

Contact No. during office hours:

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Email Address:

\* Please ☒ in the appropriate ☐ where applicable

### A Type of Statement Requested \*

- |  |   |
|--|---|
| <input type="checkbox"/> Statement of Results  | <input type="checkbox"/> Academic Transcript              |
| <input type="checkbox"/> Certified Statement for:  | <input type="checkbox"/> Full Certificate                 |
|  | <input type="checkbox"/> Nitec (Intermediate) Certificate |
| <input type="checkbox"/> Certified Statement/Statement of Results for Skills Evaluation Test (SET)                             | <input type="checkbox"/> Module Certificate               |
| <input type="checkbox"/> Certified Statement for Module Passed for Full-time <i>Higher Nitec</i> or <i>Nitec</i> Early Leavers | <input type="checkbox"/> Certificate of Merit (COM)       |
|  | <input type="checkbox"/> Joint Certificate                |

### B Scheme of Study/Examination \*

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Full-time Training           | <input type="checkbox"/> Part-time Training   | <input type="checkbox"/> Traineeship       | <input type="checkbox"/> Approved Training Centre                                 |
| (ITE College)   | (ITE College)   | (ITE College)                              | (Company)   |
| <input type="checkbox"/> Certificate in BEST          | <input type="checkbox"/> Certificate in WISE  | <input type="checkbox"/> General Education | <input type="checkbox"/> Approved Training Provider/<br>Licensee (Private School) |
| <input type="checkbox"/> Industry Trainer Certificate | <input type="checkbox"/> Skills Evaluation Test (formerly known as Public Trade Test / Skills Evaluation Certificate) |  |   |

C Academic Programme Level & Title :  
(e.g. *Nitec* in Electronics (Wireless LAN))

D Examination Series :  
(Month & year of examination)

E ITE College or Examination Centre :

F ☐ I would like to collect my statement(s) at ITE HQ Customer Service Centre.

G I declare that all information given is correct. I understand that this application may not be processed or will be delayed if the information provided is incorrect

Signature of Applicant

Date

**II FOR OFFICIAL USE****Customer Service Centre (HQ / CC / CE / CW\*)**

\* delete where not applicable

The administrative fee received is \$\_\_\_\_\_. The Receipt No. is \_\_\_\_\_ dated \_\_\_\_\_.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Name & Designation\_\_\_\_\_  
Signature & Date**EXM(PET) / EXM(CET) Department**

Academic Programme: \_\_\_\_\_

Examination Series: \_\_\_\_\_

Certificate No. &amp; Approval Date: \_\_\_\_\_

Generated from iStudent ☐ (Pls tick if applicable)

Remarks: \_\_\_\_\_

Note: Please attach printout(s) or copy of evidences and sign on the attachment(s).

Received by: \_\_\_\_\_  
Name & Designation Signature/Date/TimeProcessed by: \_\_\_\_\_  
Name & Designation Signature / DateChecked by: \_\_\_\_\_  
Name & Designation Signature / Date**Record of Communication:**

Means of Communication	Call over Phone	SMS	Email	Purpose
Date/Time:				
Contacted By:				
Outcome:				
Date/Time:				
Contacted By:				
Outcome:				
Date/Time:				
Contacted By:				
Outcome:				
Any Other Remarks				