

MAKERERE

P. O. Box 7062
Kampala Uganda
Website: www.mak.ac.ug

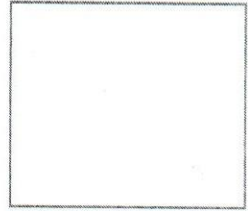


UNIVERSITY

Tel: +256 - 414 - 530983/691937
Fax: +256 - 414 - 533809
Email: drgt@rgt.mak.ac.ug

DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

REVISED CLEARANCE FORM FOR GRADUATE FINALISTS



Candidates who wish to apply for transcripts are required to be cleared by units in the University as listed below:

1. Name of Candidate:.....

(As registered in the University: the names MUST be those that appear on the previous academic documents). **Please NOTE that initials are NOT used on Academic documents.**

2. Reg.No.....

3. Programme (e.g MSc)

4. Tel.No.....

5. Email.....

6. Date of Birth (As given at 1st Year Registration).....

7. Hall of Residence/Attachment

8. Date of Commencement.....

9. Date of Graduation

CLEARANCES ARE REQUIRED FROM THE UNITS/OFFICES BELOW:

	Name and Signature of clearing Official	Stamp and Date
College Registrar		
University Library		
College Bursar		
University Bursar		

NOTE: 1. The receipt for payment for the transcript must be attached

2. A passport size photograph must be attached

3. A photocopy of the title page of the dissertation (Plan A) and Thesis (PhDs)

Signature of Applicant

Date:.....

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DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

ACADEMIC TRANSCRIPT REQUEST FORM

A. COURSEWORK EXAMINATIONS DETAILS

YEAR 1, SEMESTER ONE (COURSE CODE AND NAME)

1.
2.
3.
4.
5.
6.
7.

SEMESTER TWO (COURSE CODE AND NAME)

1.
2.
3.
4.
5.
6.
7.

YEAR ONE (RECESS TERM) WHERE APPLICABLE

1.
2.
3.

YEAR 2: SEMESTER ONE (COURSE CODE AND NAME)

1.
2.
3.
4.
5.
6.
7.

SEMESTER TWO (COURSE CODE AND NAME)

1.
2.
3.
4.
5.
6.
7.

B. TITLE OF DISSERTATION

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