

**MAKERERE**

P.O. Box 7062 Kampala Uganda  
cables "MAKUNIKA"  
website: <http://www.mak.ac.ug>



**UNIVERSITY**

Tel: +256 414 530983  
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**DIRECTORATE OF RESEARCH AND GRADUATE TRAINING**



**GRADUATE PROGRAMMES**

**ACADEMIC TRANSCRIPTS REQUEST FORM (TO BE FILLED BY ALL APPLICANTS)**

- A
1. SURNAME.....
  2. OTHER NAME(S) IN FULL.....
  3. REGISTRATION NO.....
  4. SCHOOL .....
  5. PROGRAMME .....
  6. DATE OF COMMENCEMENT OF STUDY .....
  7. DATE OF COMPLETION OF STUDY .....

**B COURSEWORK EXAMINATION DETAILS**

YEAR 1

SEMESTER 1

COURSE CODE AND NAME

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

SEMESTER II:

COURSE CODE AND NAME

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

YEAR 2:  
SEMESTER 1:  
COURSE CODE AND NAME

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

SEMESTER 2:  
COURSE CODE AND NAME

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

C. TITLE OF DISSERTATION

.....  
.....  
.....  
.....

**DATE OF GRADUATION**.....

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Provide two  
Passport size  
Photographs

**TRANSCRIPTS OFFICE  
CLEARANCE FORM FOR TRANSCRIPTS APPLICANTS**

Candidates who wish to apply for transcripts are required to be cleared by various 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 document).

Please NOTE that initials are NOT used on Academic Documents.

2. Reg. No. .... Programme(e.g.MSc).....
3. Tel.No.....E-mail.....
4. Date of Birth (as given at 1<sup>st</sup> Year Registration).....
5. Hall of Residence ..... Date of Graduation.....
6. INDICATE DEAD YEAR(S) REPEATED YEAR(S) WITHDRAWAL YEAR(S)  
OR SEMESTER(S) (IF APPLICABLE).  
.....
7. INDICATE WHETHER YOU CHANGED PROGRAMME:  
FROM ..... TO .....(IF APPLICABLE)

In future correspondence please quote the reference number above

**CLEARANCES ARE REQUIRED FROM THE UNITS/OFFICES BELOW:**

	<b>Name and Signature of Clearing Official</b>	<b>Stamp and Date</b>
College/School		
University Librarian		
Police Post		
Hall of Residence		
Games Union		
University Bursar		

- Note:**
1. The receipt for payment for the transcript must be attached.
  2. A passport size photograph must be attached.
  3. The photograph will be put on your transcript.

Signature of Applicant .....

Date.....