



APPLICATION FOR CERTIFIED STATEMENT/ STATEMENT OF RESULTS/ACADEMIC TRANSCRIPT

Ref ___/___/___

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/test series, centre and scheme.

NOTES TO APPLICANT :

- 1 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.
- 2 A non-refundable administration fee of \$10 is payable for each type of statement(s) requested within the same application form.
- 3 Application by post is to be addressed to ITE HQ Customer Service Centre at 10 Dover Drive Singapore 138683, accompanied by a crossed cheque made payable to **Institute of Technical Education**.
- 4 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.

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

B Scheme of Study/Examination *

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full-time Training (ITE College) | <input type="checkbox"/> Part-time Training (ITE College) | <input type="checkbox"/> Traineeship (ITE College) | <input type="checkbox"/> Approved Training Centre (Company) |
| <input type="checkbox"/> Certificate in BEST | <input type="checkbox"/> Certificate in WISE | <input type="checkbox"/> General Education | <input type="checkbox"/> Approved Training Provider (Private School) |
| <input type="checkbox"/> Train the Trainer Programme | | | |
| <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/Test Series : _____
(Month & year of examination/test)

E ITE College or Examination/Test 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 ApplicantDate

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**Examination Services/Examination Systems Department**

Academic Programme: _____

Examination Series: _____

Certificate No. & Approval Date: _____

Generated from eSA (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				