



# 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 series, centre and scheme of study/examination.

**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 2 Ang Mo Kio Drive, Singapore 567720, 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.
- 5 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**

|   |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Email Address:                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please  in the appropriate  where applicable

**A Type of Statement Requested\***

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