



CSIR COLLEGE OF SCIENCE AND TECHNOLOGY
(Accredited by Ghana Tertiary Education Commission and Affiliated to University of Cape Coast)
TRANSCRIPT APPLICATION FORM
(MSC/MPHIL)

INSTRUCTION: To be submitted together with the pay in slip.

TO BE COMPLETED BY APPLICANT

A. STUDENT'S DETAILS(IN UPPER CASES AND IN BLACK INK)

- 1. Surname:.....Other Names:.....
2. Current Postal Address:.....
3. Email:.....Tel. No.:.....
4. Programme Pursued.....Registration No.:.....
5. Year of Entry:.....Month and Year of Completion:.....

6. ADDRESS(S) OF INSTITUTIONS WHO HAVE REQUESTED FOR THIS TRANSCRIPT. IF NO ADDRESS, OR IF A PERSONAL COPY, KINDLY WRITE "TO WHOM IT MAY CONCERN" IN A SPACE PROVIDED BELOW.

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Thesis/Dissertation Topic:.....
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Type of Application:

Express (Within 48 hours) [ ]

Normal (Within Two Weeks) [ ]

Mode of Collection (Please tick (✓) the appropriate option):

To be pick at the College Registry by applicants

By Post (FedEx)

Applicant's Signature:.....Date:.....

**NOTE:**

Unless otherwise indicated all transcripts shall be collected at the Registry. Applicants who selected by post (Fedex) must pay charges in addition to the charge for the application. All applications are to be **scanned together with the appropriate pay in slip** and sent to the College Finance Section via [finance@ccst.edu.gh](mailto:finance@ccst.edu.gh). Account Details (**CSIR College of Science and Technology, Account No.: 00125022301503, United Bank for Africa, Head Office Branch.**

**FINANCE OFFICE USE ONLY**

- a. Date of Receipt of Application from applicant:.....
- b. Amount Paid (GH¢):.....Receipt No.(Pay in Slip):.....
- c. Name of Accountant/Assistant Officer in Charge:.....
- d. Signature:.....Date:.....

**ADMINISTRATION USE ONLY**

- a. Date of Receipt of Application from Finance Section:.....
- b. Authorization by Registrar:.....
- c. Signature:.....Date:.....
- d. To be worked on by:.....Date:.....
- e. Signature:.....Date:.....