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Director,  
Directorate of Undergraduate Studies,  
Sokoine University of Agriculture,  
P.O. Box 3000,  
Chuo Kikuu,  
Morogoro.

ufs. Principal/Dean/Director,

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#### APPLICATION FOR ACADEMIC TRANSCRIPT

##### PARTICULARS

Name of Student: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Program of Study: \_\_\_\_\_  
Stream (e.g GB, etc): \_\_\_\_\_  
Year of Study: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Year of Admission: \_\_\_\_\_  
Year of Completion: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Yours sincerely,

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Signature of applicant

Date

##### **NOTE:**

Attach the following documents:

1. *General clearance (Original)*
2. *Fee clearance (Original)*
3. *Application fee bank pay slip (Original)*
4. *Birth certificate (Copy)*