



DHA SUFFA UNIVERSITY KARACHI

Off Khayaban-e-Tufail, Phase-VII (Extension) DHA, Karachi-75500

APPLICATION FOR ISSUANCE OF FINAL TRANSCRIPT

(For free issue of Transcript on completion of all degree requirements)

To be filled by the student

Reg. #: _____ Name of Student: _____

Father's Name: _____ Program: _____ Class & Section: _____

Session: Morning /Evening / Weekend Year & Semester of passing the last Examination _____

Telephone# (Res) : _____ Mob: _____ E-mail: _____

Please issue me **free of cost** Final Transcript in accordance with provision of DSU Statutes article 20.101.

Note: After receipt of Application in the Examinations Department, delivery of the Transcript will be within **fourteen** working days.

I hereby undertake that I have completed my all degree requirements, cleared my all dues, nothing is outstanding against me from any Department of the University and I have not received free of cost original Final Transcript so far.

Name of the student/graduate: _____ Signature: _____ Date: _____

HOD's Clearance & Recommendations:

1. Please ensure nothing is outstanding against the student/graduate including Labs.
2. Please ensure that student/graduate has fulfilled all degree requirements as per plan of study and secured minimum required or above CGPA within the prescribed qualifying period to qualify requirement (that is **within 7 years from start date of semester of admission for under graduate program and within 5 years for master program**).

Cleared & Recommended: Not Recommended: Date: _____ HOD's Signature & Stamp: _____

Please ensure that you have completed "Graduating Student Survey Form" sent at your DSU e-mail address.

Director QEC's Clearance: Cleared Signature & Stamp: _____

Library Clearance: (Please ensure nothing is outstanding against the student/graduate)

Cleared, nothing is outstanding Not cleared due to _____

Date: _____ Librarian's Signature: _____ Office Stamp: _____

Accounts Department Clearance

It is certified that all dues in respect of the above mentioned student are cleared and nothing is outstanding against him including **Ihsan Trust**.

Date: _____ Office Stamp: _____ Accounts Officer's Signature: _____

Registration Department Clearance

1. It is certified that all credentials required to confirm admission of the above mentioned student have been received and nothing is outstanding against him/her including **Ihsan Trust** pertaining to confirmation of his/her admission. **Name and Father's name of the student in the database has been verified and found correct.**
2. DSU ID Card received from the student/graduate: Yes No Remarks _____

Date: _____ Office Stamp: _____ Deputy/Assistant Registrar's Signature: _____

Clearance from Miscellaneous Department

Admin Department: Cleared, nothing is outstanding Signature: _____ Office Stamp _____

Office of Alumni Relations: Cleared, nothing is outstanding Signature: _____ Office Stamp _____

CSR Dept.(For BBA Students): Cleared, nothing is outstanding Signature: _____ Office Stamp _____

Examinations Department (for office only)

Application received by (subject to verification): Name: _____ on (date) _____ Signature: _____

Tentative date of delivery: _____ Transcript prepared by: _____ Verified by: _____

As per record held, student has **not received** / **received** free of cost Final Transcript so far.

Transcript delivered on _____ Signature of student (on receiving Transcript) _____

Instruction:

- Before applying for issuance of Final Transcript (1st free issue), please ensure that.
- Academic Deficiency (if any) has been cleared. Please attach copy of Result Intimation already issued.
- No liability of any Department including fee etc.; is outstanding against you.
- Please see over leaf for clearance from DCL (if applicable) and refundable dues.
- Student is to keep copy of this form for his/her record (when filled and signed by all concerned) and may receive receipt of deposit of this Form on the said copy along with tentative delivery date of Transcript (which will be subject to verification of records & entitlement).
- Please deposit this form in the Examination Department when clearance from all concerned has been obtained.

Library in charge, DCL Clearance (for member only)

It is certified that all dues in respect of the mentioned student/graduate has been cleared and nothing is outstanding against him/her.

Date: _____ Office Stamp _____ Signature: _____

For Students Use Only (those desirous of claiming refundable dues)

Cheque for my refundable dues may please be made in the name of (Title of the account to be written in block letters in the space given below):

Registration No. _____ Name: _____ Signature: _____

Notes:

1. Cheque will be made in the name of parents/guardian only. Hence, write Title of the account accordingly.
2. Only caution money is refundable.
3. Please attach copy of the CNIC of the parent/guardian in whose name Cheque is to be made.

Finance Office Use Only

Amount Refundable

Net Dues: _____

Net Refund: _____

Signature of Billing In charge: _____

Date: _____

Signature of Manager Finance: _____

Office Stamp: _____ Date: _____

Note: Detail Fee card is attached.

Fee Refund Approved by the Vice Chancellor

Signature: _____

Date: _____