



Sacred Heart Canossian College
(English Section)
Application for Academic Documents

Name (according to ID): _____ Class / Form / Year of Graduation: _____

ID Card Number: _____ Mobile Phone No.: _____

Types of Document(s) Applying (please tick the appropriate boxes and confirm the details)

Documents	Details	Qty	Fee (MOP) (for school use)
<input type="checkbox"/> Academic Transcript <i>Fee: MOP60</i> <i>(submit the original copy of the academic report)</i>	<input type="checkbox"/> showing only final average from _____ (year) to _____ (year)		
	<input type="checkbox"/> showing 1 st term, 2 nd term and final average of _____ / _____ (year)		
<input type="checkbox"/> Certified True Copy <i>Fee: MOP25</i>	<input type="checkbox"/> Academic Report		
	<input type="checkbox"/> Graduation Certificate		
	<input type="checkbox"/> Other(s):		
<input type="checkbox"/> Photocopy with School Chop <i>Fee: MOP10</i>	<input type="checkbox"/> Academic Report		
	<input type="checkbox"/> Graduation Certificate		
	<input type="checkbox"/> Other(s):		
<input type="checkbox"/> Special Letter <i>(provide evidence of the request from the university for follow-up)</i> <i>Fee: MOP50</i>	<input type="checkbox"/> Prospective Graduation Certificate		
	<input type="checkbox"/> *High School Profile		
	<input type="checkbox"/> *Other(s):		
<input type="checkbox"/> *GCE Predicted Score <i>Fee: MOP50</i>	<i>(submit the request form with this form)</i>		
<input type="checkbox"/> *Proof of Awards <i>Fee: MOP50</i>	<i>(submit the confirmation form with this form)</i>		
<input type="checkbox"/> *Recommendation Letter <i>Fee: MOP50</i>	<i>(submit the request form with this form)</i>		
Others: (for school use)			
Total Fee:			

This form is to be submitted to the school office.

If you are applying for any document(s) with an asterisk (), please submit this form to the Career and Life Planning Team.*

Date of Application: _____
(DD/MM/YYYY)

Signature of Applicant: _____
(according to ID)

Signature of
Applicant's Guardian: _____
(for current students) (according to ID)

Date of Receipt: _____
(DD/MM/YYYY)

Signature upon Receipt: _____
(according to ID)