**EXIT POINT CERTIFICATE AND TRANSCRIPT CLAIM FORM**

**Section 1: Request for Exit Point Certification** *(to be filled in by Student)*

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| Student  Name: | Student  Surname: | | ID Number: |
| Institute: | | | |
| Programme of Studies: | | | |
| Programme Code: | | MQF/EQF Level: | |
| I am hereby requesting the following Exit certification and Transcript as specified in the programme specification: *(tick the appropriate option)*  UHD – Undergraduate Higher Diploma (MQF level 5) – 120 credits  HD - Higher Diploma (MQF Level 5) – 120 credits  PG CERT - Postgraduate Certificate (MQF Level 7) – 30 credits  PG DIP - Postgraduate Diploma (MQF Level 7) – 60 credits  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| I hereby declare that:   * I have withdrawn from my programme in order to claim the Exit Point Certification; * I have read and understood the regulations explained in *DOC 077 ADMINISTRATIVE PROCEDURE FOR PROCESSING OF CLAIMS FOR CERTIFICATES AT INTERIM EXIT-POINTS;* * I have returned all books from the Learning Library Resource Centre, and; * I have returned the College student card.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature Date | | | |

**Section 2: Institute Verification and Confirmation** *(to be filled in by Institute Director/ Deputy Director)*

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| Has the student withdrawn from the programme? | Yes  No |
| Please provide the number of ECTS/ECVETS obtained by the Student. |  |
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**Section 3: Final Approval** *(to be filled in by the Office of the Registrar)*

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| Approved Not Approved |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Stamp of MCAST Registrar/ Date  Deputy Registrar |