ARUSHA TECHNICAL COLLEGE (ATC)

CERTIFICATE COLLECTION REQUEST FORM

SECTION A: Personal Graduate Information

1. Name of Graduate: ……………………………………………………………
   (CAPITAL LETTERS & AS REGISTERED)

2. Present Address: ……………………………………………………………….

   ……………………………………………………………………………….

   Telephone:…………………………… Email:……………………………

<table>
<tr><td>Attach your endorsed passport sized photograph here</td></tr>
</table>

3. Date of Birth: ………………………… Place of Birth: ……………………………………

4. Certificate/Diploma/Degree: ………………… Programme Name:……………………………..

5. Year of Admission: ………………………… Registration Number: ………………………

6. Year of Graduation: …………………………

7. Declaration:

   I ……………………………………………… hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I am aware that if any of the foregoing information given by me are willfully false, I may be prosecuted for any false declaration made.

   Signature: …………………………... Date: ………………………………

SECTION B: Witnesses

1. Full Name of Witnes:………………………………………………………………………
   (HEAD OF DEPARTMENT)

   Address:……………………………………………………………………………….

   Signature:……………………………………. Date:…………………………………………

   Official Stamp:

2. Full Name of Witness:…………………………………………………………………………...

(INSTRUCTOR/LECTURER FROM THE DEPARTMENT)

Address:……………………………………………………………………………………….

Position:……………………………………………………………………………

Signature:…………………………………. Date:………………………………………

NB: 1**.** The HoD should endorse the back of your photograph. A witness may be prosecuted for any false declaration made.
2. Attach copies of **any two** of the valid identifications. (e.g. Voter's ID Card, Driver's License, Passport, National ID, etc.)
3. Copy of Certificate of Secondary Education Examination (CSEE)

SECTION C: Library

This is to certify that ……………………………………........ **has returned/not returned** books rent to

him. His/her outstanding overdue charges is ....

Signature:………………………………. Date:………………………………………

SECTION D: Accounts Office

This is to certify that ……………………………………........ **has paid**/**not paid** all fees and other

College payments. His/her outstanding balance is ………………………………………….

Signature:………………………………. Date:………………………………………

SECTION E: Registrar Office

FORM PROCESSED BY: ………………………………………… Date: ………………………

CERTIFICATE INSPECTED & ISSUED BY: …………………………..Date:………………………

REQUEST ACCEPTED ……………………… ☐   CERTIFICATE NO:………………………

REQUEST REJECTED ……………………… ☐

REASONS:…………………………………………………………………………………….…
………………………………………………………………………………………………………
…………………………………………………………………………………………………

SECTION F: Acknowledgement of Receipt of the Certificate

This is to acknowledge receipt of the certificate.

Signature of Graduate: …………………   Date: ………………………