	No	o/25
Requested Form to receive	the Educational Insti	tute Certificate
	on Higher Ed The Ministry	Quality Enhancement ducation Management of Higher Education, search and Innovation
	Date/Month/	Year
Re : Request to certify the Educational	Institute	
To : Permanent Secretary for Ministry o	f Higher Education, Science, I	Research and Innovation
I (Mr., Mrs., Miss)		
graduated		
☐ Diploma		
☐ Bachelor's Degree		
☐ Graduate Diploma		
☐ Master's Degree		
☐ Doctorate's Degree		
Others (Please specify)		
Name of Diploma / Degree		
from (University / Institute)		Country
on (Date / Month / Year of Graduation)		
would like to request for the education	nal institute certificate for the	e purpose of:
☐ Furthering study at University /	/ Institute	Country
☐ Applying for a Job		
Others (Please Specify)		
	Sincerely Yours,	
Address	(Sign)	Applicant
	()
	(Sign)	Receiver

E-mail:....

Telephone Number.....

O The certificate is posted.

O I will receive the certificate myself.

(.....)