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APPLICATION FOR HIRE/PURCHASE OF GRADUATION GOWN

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate.

A PERSONAL DETAILS

| | | | | | | |
|---------------------|---|-------|--------------------|-----------|---|-------|
| Surname | : | _____ | Email Address (es) | Work | : | _____ |
| Other Name(s) | : | _____ | | Personal: | : | _____ |
| First Name | : | _____ | Phone Contact(s) | Work | : | _____ |
| Date of Birth | : | _____ | | Home | : | _____ |
| Bank Details | | | | Mobile | : | _____ |
| Account No. | : | _____ | Bank Name: | | | _____ |
| Branch | : | _____ | Account Name: | | | _____ |

B GRADUATING PROGRAMME DETAILS

School/Centre : _____ Campus: _____

Programme : _____ Major(s): _____

C HIRE/PURCHASE DETAILS

I hereby agree to (please select):

Hire Gown Purchase Gown

_____ _____

Student Signature Date (DD/MM/YY)

STUDENT ACADEMIC SERVICES

This is to certify that student no: _____

is graduating (non-ceremonial) in the above mentioned programme on the scheduled graduation date: _____
(DD/MM/YY)

| | | |
|---------------------|----------------------------|---------------|
| SAS Officer: | Date: (DD/MM/YY) | Stamp: |
|---------------------|----------------------------|---------------|

| | | |
|---|------------------------------|----------------------------------|
| FINANCE DEPARTMENT Payment for Gown | Amount Paid: \$ _____ | Amount Refunded: \$ _____ |
|---|------------------------------|----------------------------------|

| | | |
|--------------------------|----------------------------|---------------|
| Finance Officer : | Date: (DD/MM/YY) | Stamp: |
|--------------------------|----------------------------|---------------|

FINANCE DEPARTMENT Collection of Gown (Please attach receipt of payment)

| | | |
|--------------------------|----------------------------|---------------|
| Finance Officer : | Date: (DD/MM/YY) | Stamp: |
|--------------------------|----------------------------|---------------|

| | |
|---|----------------------------|
| FINANCE DEPARTMENT Return of Gown (If Applicable) | Authorised Officer: |
| <input type="checkbox"/> This is to certify that the gown has been returned in good condition | Name : _____ |
| <input type="checkbox"/> Refund processed | Signature : _____ |
| | Date : _____ |

| | | |
|--------------------------|----------------------------|---------------|
| Finance Officer : | Date: (DD/MM/YY) | Stamp: |
|--------------------------|----------------------------|---------------|

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