

TRANSCRIPT REQUEST FORM

Notes

This form should be completed when a student is requesting a transcript of past results. For programmes validated by St Nicholas Montessori London prior to 1997 please contact The London Montessori Centre at +44 2074938300 and ask for the St. Nicholas Administrator.

This form should be returned together with the fee to the Examinations Office, SNMCI, 16 Adelaide Street, Dún Laoghaire, Co. Dublin. **The fee is €20 per transcript.** The fee can be paid by cheque, postal order or bank draft. **NB. Applications will not be processed without payment.**

Please complete this form **LEGIBLY** in **BLOCK LETTERS**

Upon receipt of this form by Examination Office, please allow a minimum of **10 working days** for generation of transcripts of results. Please note that during busy periods this generation of results may take longer.

1. Name: _____

Student Number: _____

Home Address: _____

Correspondence
Address:
(if different from above) _____

Date of Birth: _____

Telephone Number (H) _____
(M) _____

E-mail: _____

2. SNMCI Programme: _____

Location: _____

Length of Programme: _____

Years Attended: from _____ until _____

Do any of the following
Apply:

Erasmus	<input type="checkbox"/>	Year: _____
Repeated Year	<input type="checkbox"/>	Year: _____
Deferral/Year out	<input type="checkbox"/>	Year: _____

2. Please choose your method of payment

Cheque:

Postal Order:

Bank Draft:

Please tick the appropriate box

Transcript to be scanned (by email)

Transcript to be posted

Transcript to be collected

(You will be informed by email when your transcript is available for collection)

4. Signature: _____

Date: _____

For Official Use Only

Fee received: _____

Receipt Number: _____

Date: _____

Transcript Request received by:

Date: _____

Signed: _____

Exams Office
