## CERTIFICATE/ SCROLL AUTHORIZATION COLLECTION

GRADUATE'S PARTICULARS		
Name :		
Student ID :	NRIC /Passport No.	· :
Programme :	Intake	:
Semester/Year of Graduation :	Conferment date	:
Mobile Phone No. :	E-mail	:
REPRESENTATIVE'S PARTICULARS		
I hereby authorize the person whose particulars are listed below to collect my Certificate/Scroll		
Name of Representative :		
NRIC/Passport Number :		
Relationship :		
GRADUATE'S CONSENT		
I am aware that <b>UIM</b> issues the Certificate/Scroll only once. I hold myself fully responsible for granting this		
written authorization for the collection of my Certifica	ate/Scroll by a represer	ntative. I acknowledge that UIM
will not be held responsible for any claims made by me, should the certificate get damaged or lost.		
Graduate's signature :		
Date :		

## **STUDENT INSTRUCTION**

Please attach the following documents:

- University Clearance Form.
- A copy of the online 'Graduate Tracer Survey' participation slip. (if any)