

**ADVENTIST COLLEGE OF NURSING AND HEALTH SCIENCES
EDUCATION VERIFICATION REQUEST FORM**

STUDENT INFORMATION

Current Name: _____
 Other Names used at ACNHS: _____
 Current Address: _____

IC Number: _____
 Year of Entry: _____
 Year of Completion: _____
 Phone Number: _____
 Ext: _____ Dept: _____
 E-mail Address: _____

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 Curriculum & Syllabus Fee: RM50

REASON (for security protection):

Further Education Name of Institution: _____ Name of degree/post basic: _____
 Program applied for: Post basic Degree Completion Master Degree Doctoral Degree

Employment Name of Institution: _____ Position applied for: _____

Others Describe: _____

Student's Signature: _____ Date: _____

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