



REFERENCE LETTER REQUEST FORM

(Please fill in BLOCK letters with correct Spellings)

(Reference letter will be issued after a minimum of 48 working hours)

Name (s) of Group Member(s): _____

Tel: _____ Cell: _____ Class: _____

Course Name: _____ Project Title /Name (exact): _____

Name & Designation of Person you want to meet: _____

Name & Address of the Organization: _____

_____ Tel: _____ Fax: _____

Signature of Requesting Student

Date:

(Incomplete form will not be entertained)

Receipt

Please collect the reference letter on _____ at _____

Signature

Date