



SWINBURNE
UNIVERSITY OF
TECHNOLOGY
SARAWAK CAMPUS

Student Operations (Student Information Centre)
Request for Articulation Letter



REMEMBER: FILL BEFORE PRINTING

Student Details	
Given Name:	
Family Name:	
IC or Passport No.:	
Student ID No.:	
Telephone/Mobile No.:	
Email Address:	
Program Details	
Please (√) the appropriate program.	
Previous Program Enrolled:	
<input type="checkbox"/> Swinburne Foundation Studies (Business)	
<input type="checkbox"/> Swinburne Foundation Studies (Engineering/Science)	
<input type="checkbox"/> Swinburne Foundation Studies (Information Technology/Multimedia)	
<input type="checkbox"/> Swinburne Foundation Studies (Design)	
Intake Session:	
Future Program Enrolled:	
Acknowledgment of Receipt	
Student Signature:	Date: