



Academic Record Request Form

(To be filled by the applicant. Please complete all sections carefully.)

1. Personal Information:

First Name: _____ F. Name: _____ G.F Name: _____

ID No.: _____ Date of Birth (D/M/Y): ____/____/____ E.C ____/____/____ G.C

2. Current status (select one):

Graduated ☐ Active Student ☐ Drop Out ☐

3. Year of graduation or date of dropout (D/M/Y): ____/____/____ E.C ____/____/____ G.C

4. Academic Details:

Faculty/School/College: _____

Department/Specialization: _____

Degree Program: 10+3 ☐ Diploma ☐ Adva.Diploma ☐ BSc ☐ MSc ☐ PhD ☐

Admission Classification: Regular ☐ Extension/weekend ☐ Summer ☐ Distance ☐

5. Academic record requested:

Student Copy ☐ Official Transcript ☐
Temporary Degree Certificate ☐ Original Degree ☐

6. Reason for request:

First Time ☐ Birth Date Issue ☐ Lost ☐ Other (Specify): _____

7. If your request is Official Transcript, fill the following:

a. Purpose of Official Transcript: Academic ☐ Recruitment ☐ Other _____

b. Sending Option: Normal ☐ EMS ☐ DHL ☐ E-mail ☐ Other _____

c. Name and address to which the official transcript should be sent:

Name of Organization/Institution: _____

P. o. Box: _____ Email: _____

Alternative Email: _____ Phone Number: _____

Country: _____ City: _____

d. Payment: Service Fee _____ EMS/DHL _____ Email _____ Total _____

8. Applicant's Phone Number: _____ Signature: _____ Date: _____

For Office use only:

Service issued by: _____ Sign: _____ Date: _____

Approved by: _____ Sign: _____ Date: _____