



Graduation/Alumni Document/ Verification Request Form

To be filled by Applicant (fill carefully)

1. Applicant's Information

First Name: _____ Father's Name: _____

G. Father's Name: _____ ID No.: _____

2. Academic Detail:

University/Institution: _____

Faculty/School/College: _____

Department/Specialization: _____

Degree Program: Diploma ☐ Adv. Diploma ☐ BSc ☐ MSc ☐ PhD ☐

Admission Type: Regular ☐ Extension/Weekend ☐ Summer ☐ Distance ☐

3. Date of Graduation (DD/MM/YY): ____/____/____ G.C CGPA: _____

4. Request Details:

Applicant's Organization Name: _____

Country: _____ Town/City: _____

Purpose of request: Recruitment/Job ☐ Further Study ☐ Other: _____

5. Service Fee: _____ Birr/USD

6. Attached documents:

- ☐ Letter of request ☐ Student Copy
☐ Degree Certificate ☐ Service Fee Receipt

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

For Office use only:

Service issued by: _____ Sign: _____ Date: _____

Approved by: _____ Sign: _____ Date: _____

