



Documents Request Form

Date: _____

1. Name: _____

First Middle Last

2. Matriculation Number: _____ Date/Year of Admission: _____

3. Gender: Male () Female () Date of Birth: _____
Day Month Year

4. Mode of Admission:

- a. Direct Entry ()
- b. Transferred Student () *Please attach a copy of your transcript*
- c. Post Basic (had an AA or BSc Degree before entering) ()

5. College: _____ Department: _____

6. Date of Graduation: _____ OR Last Semester Attended: _____
Month Day Year

7. Email Address: _____ Cell Number: _____

8. Which Document (s) are you requesting for?

- a. Transcript (Graduate) ()
- b. Recommendation Letter (Graduate) () Work () Education ()
- c. Attestation Letter (Graduate) ()
- d. Transcript (Transferring) ()
- e. Attestation Letter (Transferring) ()
- f. Grade Sheet (s) for Scholarship ()
- g. Other (s): _____

Approvals

Faculty Advisor: _____
Name Date & Signature

Chair of Department: _____
Name Date & Signature

Student Services: _____
Name Date & Signature

Institution Effectiveness: _____
Name Date & Signature

Chaplaincy: _____
Name Date & Signature

V. P. Academics: _____
Name Date & Signature

Admission and Records: _____
Name Date & Signature

Fees

- 1. 2 Letter (s) (Graduate): 10.00 USD
- 2. 1 Transcript and 2 Letter (s) (Graduate) 30:00 USD
- 3. 2 Letter (s) (Transferring): 10.00 USD
- 4. 1 Transcript and 2 Letter (s) (Transferring): 50.00 USD

Note: Document (s) can be picked up after two weeks, after the signing of this forms.

Please drop a copy of this form to each of the signatories.