



ALBUKHARY INTERNATIONAL UNIVERSITY
DU014(K)

**REQUEST FORM FOR
TRANSCRIPT / SCROLL / ACADEMIC CERTIFICATE / VERIFICATION OF STATUS**

TO BE FILLED BY THE APPLICANT	
Full Name: _____ <i>(Please write your name in capital letters)</i>	
NRIC / Passport No.:	Student ID No. :
Phone Number No. (Mobile No.) :	Email Address :
School:	Name of your Academic Advisor (if any):
Admission / Intake : (i.e. Session September 2011/2012)	
Programme: Please write clearly in CAPITAL LETTER Name of your Programme: _____	
Type of Academic Documents: Please (√) where applicable <input type="checkbox"/> Transcript (Applicant had to get the validation stamp from the Dean / Registrar/ Examination Unit) <input type="checkbox"/> Scroll [Must provide supporting document] <input type="checkbox"/> Verification of Final Examination or Final Assessment Result <input type="checkbox"/> Verification Letter of a Student Status [Must provide recipient information / address] <input type="checkbox"/> Others [Please state which document]: _____	
Purpose of request: <input type="checkbox"/> Verification for employment <input type="checkbox"/> Verification for study <input type="checkbox"/> Others : _____ <i>[Please state]</i>	
Recipient / Department / Organisation / Institution : _____	
Mailing Address: _____	
Postcode: _____	City: _____
Country: _____	
Method of Collection: Please (√) where applicable <input type="checkbox"/> Self-collection* <input type="checkbox"/> By Representative* <i>(With letter of authorisation)</i> <input type="checkbox"/> By post* <i>(Courier fee will be charged to applicant)</i>	
APPLICANT DECLARATION	
Verification from the Applicant: Please (√) to verify <input type="checkbox"/> I agree for Albukhary International University to disclosing my personal information and academic records, including the information I have provided on this form and any supporting documents to the administrative staff that handling for this application and procedures.	
Applicant's Signature: Date: DD /MM / YYYY	
FOR OFFICE USE ONLY	
Application from former student	Application from current student
<input type="checkbox"/> Batch 2010 <input type="checkbox"/> Batch 2018 onwards	<input type="checkbox"/> Active student <input type="checkbox"/> Inactive student <i>(Deferment)</i>
Comment:	Comment:
<u>Registrar's Office</u> Officer Signature: Name: _____ Date: DD /MM / YYYY	<u>Office of AAMD</u> Officer Signature: Name: _____ Date: DD /MM / YYYY
Date of the applicant or representative to collect, or for AIU to courier out the Academic Documents: DD /MM / YYYY.	
Officer in charge of the process: (Stamp & Signature)	