

Transcript Request Form

NOTE:

Learner Name: _____	ID: _____
Registered Program: _____	Semester: _____
Are you currently enrolled? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If not, please indicate the date last enrolled: _____	
Semester / Year	

Requested Item	Number of copies
<input type="checkbox"/> Official Transcript (<i>sealed and signed by the university Registrar</i>)	
<input type="checkbox"/> Unofficial Transcript (<i>contains exactly the same information as an official transcript, but is not sealed and not signed by the Hamdan Bin Mohammad e-University concerned parties</i>)	
<p>Special Instructions: (mark appropriate box)</p> <p><input type="checkbox"/> Send immediately</p> <p><input type="checkbox"/> Hold for current semester's grades</p> <p><input type="checkbox"/> Hold for grade change _____ for course _____</p>	
_____ Signature of Learner	Date: ____/____/____. <i>DD MM YYYY</i>

Mail Transcript to:

Note: The Address across will be displayed in a window envelope for purposes of mailing your transcript. Please ensure that the address is correct and legible.