



AIR UNIVERSITY

D-1

(Office of the Registrar)

TRANSCRIPT APPLICATION FORM

To be filled by the candidate in CAPITAL LETTER

Student Name																									
Father Name																			Date of Birth						
Registration No.													Class							Section	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>		
Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year							<input type="checkbox"/> PAF <input type="checkbox"/> Non-PAF		E-mail												
Department																									
CNIC No.																									
Address																									
Contact No																									

1. Transcript *

Comments/Reason _____

Declaration:- I have cross-checked / proper filled all my personal details. I.e. Name, Father Name, Date of Birth, etc.

Student Signature _____

DATE		MONTH		YEAR		

Required Documents:

- 1* HEC verified photocopies of previous Transcript and Degree (MBA, MS, M.Phil, PhD) , Blue Background Picture, SSC Copy, HSSC Copy, Grade Report, Clearance Form, Departmental Verification that academic requirements for the program have been successfully completed.

Processing Time:

- 1. Transcript request take 15 working days for processing.*

For Office Use Only

- 1. Verify with ID Card
- 2. Verify from System
- 3. Issued / Decline

Registration Assistant _____

DATE		MONTH		YEAR		

* With subject to availability of all signatories.