

## Request Form for Enrollment Certificate or Certificate of Completion of Graduation Requirements

- Please complete every field (requests with incorrect or incomplete information cannot be processed). Complete the payment, in order to pay by credit card please visit the link <http://www.aus.edu/downloads/file/164/> . Submit this form to the Office of the Registrar or email it to [registration@aus.edu](mailto:registration@aus.edu) or fax +971 6 515 2040.
- Please note that the enrollment request service may not be available during registration and examination periods.
- Enrollment letters not collected within 90 days will be destroyed.

Full name _____	_____	_____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
First	Father or Middle	Family/Surname	(mark appropriate box)		
_____	_____	_____	الاسم الكامل		
إسم العائلة	إسم الأب	الاسم الاول			
_____	_____	_____			
Present College/School	Present Major (and concentration if any)	Present Minor (if any)			
_____	_____	_____			
Student ID	Mobile No. ( <b>very important</b> )	Nationality			
_____	_____	_____			
Requested Item	No. of copies in English	No. of copies in Arabic	3 Working Days' Service (AED 15 per copy)	24-hour Service (AED 35 per copy)	Same-day Service (Apply before 12 noon) (AED 75 per copy)
1. Enrollment Certificate (for current semester)					
2. Certificate showing years spent at AUS (date of first enrollment)					
3. Certificate of completion of graduation requirements (for graduated students only)					
Send by	<input type="checkbox"/> By hand <input type="checkbox"/> Registered Mail (AED 10) <input type="checkbox"/> Courier (AED 90)				
	Service time does not include delivery time by post office. Address and telephone number of the recipient are required (see below).				
Special Instructions. Include (mark appropriate box).					
<input type="checkbox"/> English is the language for instruction at AUS.					
<input type="checkbox"/> TOEFL/IELTS is a requirement for admission to AUS.					
Other _____					
_____					
_____					
Total Amount to Pay				AED	
Student's Signature _____				_____ / _____ / _____ DD      MM      YYYY	
Address _____					
_____					
_____					
Recipient's telephone number (required ) _____					