

Transcript Request Form

- Please complete the form and 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 or fax +971 6 515 2040.
- Note that transcripts will not be sent via email or fax.
- Transcript request service may not be available during registration and examination period.
- The Fee for this request is exclusive of the UAE Value Added Tax (VAT), AUS reserves the right to charge and collect the applicable VAT from the student in line with the impending VAT laws and regulations as implemented in the UAE effective January 01, 2018
- Transcripts not collected within 90 days will be destroyed.

Full Name _____ <div style="display: flex; justify-content: space-between;"> First Father or Middle Family/Surname </div>				Gender: M <input type="checkbox"/> F <input type="checkbox"/> (mark appropriate box)			
_____ Student ID		_____ Mobile Number		_____ Major		_____ Nationality	
Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Requested Item		No. of copies	3 Working Days' Service	24-hour Service	Same-day Service (Apply before 12 noon)		
1. Official Transcript (<i>sealed and signed by the university Registrar</i>)			<input type="checkbox"/> AED 25 per copy	<input type="checkbox"/> AED 35 per copy	<input type="checkbox"/> AED 75 per copy		
2. Unofficial Transcript (<i>same information as an official transcript, but is not sealed or signed by the university Registrar</i>)			<input type="checkbox"/> AED 10 per copy	<input type="checkbox"/> AED 25 per copy	<input type="checkbox"/> AED 50 per copy		
Send by		<input type="checkbox"/> By hand <input type="checkbox"/> Courier (AED 90) Service time does not include delivery time by courier. Address and telephone number of the recipient are required (see below).					
Special Instructions (mark appropriate box)		<input type="checkbox"/> Include in-progress term (current semester courses) <input type="checkbox"/> Hold for current semester's grades (to receive at the end of the semester) <input type="checkbox"/> Hold for grade change _____ for course _____ <input type="checkbox"/> Other _____					
Total Amount to Pay		AED _____					
Signature of Student _____				_____ / _____ / _____ DD MM YYYY			
Address _____ _____ _____ _____							
Recipient's telephone number (required) _____							