



## 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](mailto: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 _____		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
First	Father or Middle	Family/Surname	(mark appropriate box)
_____		_____	
Student ID	Mobile No. ( <b>very important</b> )	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"/> 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 (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 _____
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Total Amount to Pay	AED _____
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Signature of Student	_____/_____/_____ DD      MM      YYYY
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Address _____
Recipient's telephone number (required) _____