

## Request Form for Enrollment/Completion of Graduation Requirements Letter

- Please complete every field in this form and submit it to the Office of the Registrar or email it to [TranscriptsAndLetters@aus.edu](mailto:TranscriptsAndLetters@aus.edu) requests with incorrect or incomplete information cannot be processed.
- Next, please complete the payment. For AUS accepted payment methods please visit [www.aus.edu/sites/default/files/accepted\\_forms\\_of\\_payment\\_at\\_aus\\_jan\\_2022.pdf](http://www.aus.edu/sites/default/files/accepted_forms_of_payment_at_aus_jan_2022.pdf). The fee for this request includes 5% VAT.
- 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 _____ First	_____ Father or Middle	_____ Family/Surname	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	(mark appropriate box)
_____	_____	_____	الاسم الكامل	
_____	_____	_____	الاسم الاول	
_____	_____	_____	Present College/School	
_____	_____	_____	Present Major (and concentration if any)	
_____	_____	_____	Present Minor (if any)	
_____	_____	_____	Student ID	
_____	_____	_____	Mobile No.	
_____	_____	_____	Nationality	

Requested Item	No. of copies in English	No. of copies in Arabic	3 Working Days' Service (AED 15.75 per copy)	24-hour Service (AED 36.75 per copy)	Same-day Service (Apply before 12 noon) (AED78.75 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 ☐ By hand ☐ Courier (AED 94.50)

Service time does not include delivery time by courier.  
Address and telephone number of the recipient are required (see below).

Special Instructions. Include (mark appropriate box).

☐ English is the language for instruction at AUS.

☐ TOEFL/IELTS is a requirement for admission to AUS.

Other \_\_\_\_\_

Total Amount to Pay	AED
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Student's Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recipient's telephone number (required ) \_\_\_\_\_