OFFICE OF THE REGISTRAR
BABCOCK UNIVERSITY
ILISHAN-REMO, OGUN STATE

FULL TRANSCRIPT REQUEST FORM

***** PLEASE COMPLETE IN BLOCK LETTERS*****

Processing of transcript commences when fees are fully paid and request approved by designated authorities.

MATRIC No.: _____ **Bursary Account No.**: _____

Year of Graduation: June 20____ ☐ Summer 20____ ☐

_____

SURNAME **FIRST NAME** **MIDDLE NAME**

Date of Birth (e.g. ***DD/MM/YYYY***): _____/ _____/ _____

Course Studied at BU: _____

Department: _____

School: _____

PERSONAL CONTACT DETAILS:

_____

_____

E-mail Address: _____

Telephone No.: _____

Have you requested for Transcript before? ☐ Yes ☐ No

If '**Yes'** indicate the month and year: _____/_____
Month / **Year**

****If transcripts are to be sent to more than one address use additional form(s). The fee for each request is ₦5000.00 only.***

There is minimum period of Twenty Four (24) hours for processing transcript requests, upon completion and return of this request form.

***Number of Copies Requested**: _____

RECIPIENTS CONTACT DETAILS:

_____

_____

_____

E-mail Address: _____

Telephone No.: _____

MODE OF DISPATCH:

Courier Service: _____ E-mail (Scanned Copy) ☐
(***DHL, FedEx, EMS***)

_____ _____
Signature Date of Submission

OFFICIAL USE:

Paid ₦ _____ **Receipt No.**: _____

_____ _____
Bursar **Date**

_____ _____
Director of Alumni/Development **Date**

_____ _____
Registrar **Date**