

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

**PARTIAL TRANSCRIPT REQUEST FORM**



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

MATRIC No.: \_\_\_\_\_ Bursary Account No.: \_\_\_\_\_

Are you currently attending BU?  Yes  No

If 'No' when last did you attend? Semester: \_\_\_\_\_ Session: \_\_\_\_\_

SURNAME FIRST NAME MIDDLE NAME

Date of Birth (e.g. DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Course of Study at BU: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

**PERSONAL CONTACT DETAILS:**

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

*\*If transcripts are to be sent to more than one address use additional form(s). The fee for each request is ₦2, 500.00 only.*

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

*Processing of transcript commences when certified statement of result from WAEC/NECO etc. are presented, fees fully paid and request approved by designated authorities.*

\*Number of Copies Requested: \_\_\_\_\_

**RECIPIENTS CONTACT DETAILS:**

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**MODE OF DISPATCH:**

Courier Service: \_\_\_\_\_  
(DHL, FedEx, EMS)

E-mail (Scanned Copy)

Signature

Date of Submission

**OFFICIAL USE:**

VP, Student Development: \_\_\_\_\_  
(Attest student is not Suspended/Expelled)

Director, Security Services: \_\_\_\_\_  
(Attest student is not Suspended/Expelled)

Current Balance: Dr/Cr.: \_\_\_\_\_

Paid ₦ \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Bursar

Date

Registrar

Date