

REQUEST FOR ACADEMIC TRANSCRIPTS

Date:.....

ST/24/AR/24

Postgraduate Institute of Archaeology (PGIAR)

1. Name in full:

2. NIC/Passport # 3. Contact phone number: 4. E-mail:

Please provide me with academic transcript/s for the following program/s: Certificate/ Diploma/ Postgraduate Diploma/ MA/ MSc./MPhil/ PhD program/s in

Student #

Student #

Student #

Any other information that might be helpful to locate your records:

5. Student's signature:

For Office Use

Subject clerk: CHECK and report to AR on each Student #.