

Signature of

Cashier:

## REQUEST FOR SYLLABUS

5,000LL/Student Copy of Transcript 1,000LL/ Syllabus

1. Complete this form and sign it.

2. Pay at the Cashier's Offic	e and submit it to the Adm	nissions Office.	
ID Number:		Date of Request:	
Family Name:		First Name:	
Father's Name:		Major:	
Number of Syllabi:		Number of Student Copies of Transcript:	
Purpose for which the Syllabus will be used:			
Specify Course(s):			
Signature:			
Authorization to a Third Par	ty to Pick Up the Syllabus	Copies	
I, the undersigned, allow Ms./Mr.			to pick up my documents.
For the authorization to be v	alid, a copy of the ID/pass	port should be attached.	_
Signature:			
Party Picking Up the Syllabu	s Copies		
Signature of Person Receiving the Certificate:			Date:
For Official University Use	_		
Fees Paid:	Request Received By:	•	uest pared By:

Requests from outside Lebanon will be processed upon receipt of money transfer via Western Union to the following beneficiary:

Date of Issue:

Mr. Setrag Momjian, Haigazian University, Mexique Street, Kantari, P.O.Box: 11-1748, Riad el Solh 1107 2090, Beirut Lebanon.

The serial number of the transmission should be sent by email to studentservices@haigazian.edu.lb

Expected Date

of Issue: