1. Complete this form and sign it.
2. Pay at the Cashier’s Office and submit it to the Admissions Office.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID Number: |  | | | | | Major: | |  | | | | Date of Request: | | | | | |  | | | |
|  | | | | | اللقب (انسة/سيدة/سيد): | | | | | |  | | | | | | | | | الاسم : | |
|  | | | | | تاريخ الولادة: | | | | | |  | | | | | | | | | الشهرة : | |
|  | | | | | محل الولادة: | | | | | |  | | | | | | | | | اسم الأب : | |
|  | | | | | الجنسية: | | | | | |  | | | | | | | | | اسم الأم : | |
| Number of Original Copies: | | | | |  | | | | | Number of addresses to be mailed to: | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Purpose for which the certificate will be used: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Items you wish to mention on the certificate:** | | | | | | | | |  | Major |  | | Class |  | Semester / Year: |  | |  | Other (specify): | | |  | | | | | Address where the requested documents will be mailed to: | | | |  | | | | |  | | | | |  | | |  | | | | | | Signature: | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Authorization to a Third Party to Pick Up the Certificate*** | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned, allow Ms./Mr. | | | |  | | | | | | | | | | | to pick up my certificate. | | | | | | |
| For the authorization to be valid, a copy of the ID/passport should be attached. | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| ***Party Picking Up the Certificate*** | | | | | | | | | | | | | | | | | | | | | |
| Signature of Person Receiving the Certificate: | | |  | | | | | | | | | | Date: | | | |  | | | | |
| ***For Official University Use*** | | | | | | | | | | | | | | | | | | | | | |
| Fees Paid: | |  | | | | | Request Received By: | |  | | | | | Request Prepared By: | | | | |  | | |
| Signature of Cashier: | |  | | | | | Expected Date of Issue: | |  | | | | | Date of Issue: | | | | |  | | |