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

**Note: The University is not responsible for keeping requested documents that are not collected within 6 months from the date of request. After six months a new request should be submitted.**

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| 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 Party to Pick Up the Syllabus Copies*** | | | | | | | | | | | | | | | | | |
| I, the undersigned, allow Ms./Mr. | | | | |  | | | | | | | | | to pick up my documents. | | | |
| For the authorization to be valid, a copy of the ID/passport should be attached. | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | | | | | |
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| ***Party Picking Up the Syllabus Copies*** | | | | | | | | | | | | | | | | | |
| Signature of Person Receiving the Certificate: | | | |  | | | | | | | | Date: | | |  | | |
| Fees Paid: |  | | | | | Request Received By: | |  | | Request Prepared By: | | | | | |  | |
| Signature of Cashier: |  | | | | | Expected Date of Issue: | |  | | Date of Issue: | | | | | |  | |