

500

HARAMAYA UNIVERSITY
COLLEGE OF CONTINUING AND DISTANCE EDUCATION
REQUEST FOR ACADEMIC RECORD FORM

Name _____ IDNo _____ Dept. _____

Date of birth: _____ Place of Birth _____ Center _____

If you have graduate, Place special the year G.C. _____ Eth.C _____

Program:

- Degree: _____ Diploma _____

Type of transcript requested:

- Official
- Student Copy

Number of Copies Requested

- a. If you request of Official indicate the address of the institution, organization of agency act. To which the transcript should be sent to _____

- b. If you request for student copy to be sent you through the post office indicate you address in the space provided below.

Please Note the Following:

1. Official (Signed and sealed) transcript only be sent directly from the office of the registrar to another University, a recognized institution or agency.
2. Fee in birr

1. Student copy	100.00
2. Recommendation letter	50.00
3. Official copy inland ordinary mail	50.00
4. Official copy ordinary Mail	100.00

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