

RD 0007

REGISTRATION DEPARTEMENT

REQUEST FORM

1. Student Particulars:

Name of Student:		
ID No.:	Sponsorship:	
Programme with Specialization:		
Tel. No.: (Home)	Tel. No.: (Office)	GSM No.:

Kindly provide me with:

Original Transcripts

Copies of Transcripts

Original Higher Secondary/
Relevant Certificates

Copies of Higher Secondary/
Relevant Certificates

SEAL AND SIGN OF ACCOUNTS OFFICER

Letters

Please specify the type of letter required and whether it should be in Arabic or English

Signature of the Student

Date ____/____/____