



**OFFICE OF THE REGISTRAR
BABCOCK UNIVERSITY
ILISHAN-REMO, OGUN STATE
FULL TRANSCRIPT REQUEST FORM**

*** PLEASE COMPLETE IN BLOCK LETTERS***

MATRIC No.: _____ Bursary Account No.: _____

Year of Graduation: ☐ June 20____ ☐ Summer 20____
☐

SURNAME FIRST NAME MIDDLE NAME

Date of Birth (e.g. DD/MM/YYYY): ____/____/____

Course Studied at BU: _____

Department: _____

School: _____

PERSONAL CONTACT DETAILS:

E-mail Address: _____

Telephone No.: _____

Have you requested for Transcript before? ☐ Yes ☐ No

If 'Yes' indicate the month and year: ____/____/____
Month / Year

**If transcripts are to be sent to more than one address use additional form(s).
The fee for each request is ₦5000.00 only.*

There is minimum period of Twenty Four (24) hours for processing transcript requests, upon completion and return of this request form.

Processing of transcript commences when fees are fully paid and request approved by designated authorities.

*Number of Copies Requested: _____

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E-mail Address: _____

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MODE OF DISPATCH:

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(DHL, FedEx, EMS)

WAYBILL NO.: _____

Signature

Agent Signature

Date of Submission

OFFICIAL USE:

Paid ₦ _____ Receipt No.: _____

Bursar

Date

Director of Alumni/Development

Date

Registrar

Date