



TRANSCRIPT REQUEST

Student name: _____ ID: _____

School/Department: _____

Program: _____

Learning method: Course work Research

Email: _____ Tel: _____

REQUEST DETAILS

Please choose type of printed transcript:

<input type="checkbox"/> Full transcript Quantity: _____	<input type="checkbox"/> Semester transcript Academic year: 20__20__ Semester: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Quantity: _____
	Academic year: 20__20__ Semester: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Quantity: _____

Other request:

Student signature (required): _____ Date: _____

SECTION TO BE COMPLETED BY OGA

Received by: _____

Date of receipt: _____

Date of response: _____

OFFICE USE ONLY	
Processed by	Process date

Note:

Transcript fee: **5.000 VND/copy**

Student has to complete the tuition fee before making this request.



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