

INTERNATIONAL UNIVERSITY – VNU HCMC OFFICE OF GRADUATE AFFAIRS

No: 02

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INTERNATIONAL UNIVERSITY – VNU HCMC OFFICE OF GRADUATE AFFAIRS

No: 02

TRANSCRIPT REQUEST

Student name:	ID:	-	
School/Department:			
Program:			
Learning method: □ Course work	□ Research		
Email:	Tel:		
REQUEST DETAILS			
Please choose type of printed transccript:			
☐ Full transcript	☐ Semester transcript		
Quantity:	Academic year: 2020		
(y	Semester: □1 □2	Quantity:	
	Academic year: 2020		
	Semester: □ 1 □ 2	Quantity:	
Other request:			
Student signature (required):	Date:_	Date:	
SECTION TO BE COMPLETED BY OGA	OFFICE USE ONLY		
Received by:	1 Tocessed by	Process date	
Date of receipt :			
Date of response:			
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Note:

Transcript fee: 5.000 VND/copy

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

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