



AIR UNIVERSITY

(Office of the Registrar)

TRANSCRIPT APPLICATION FORM FOR UNDERGRADE

To be filled by the candidate in CAPITAL LETTER

Student Name																									
Father Name																			Date of Birth						
Registration No.													Class							Section	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>		
Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year													<input type="checkbox"/> PAF	<input type="checkbox"/> Non-PAF	E-mail						
Department																									
CNIC No.																									
Address																									
Contact No																									

1. Transcript *

Comments/Reason _____

Declaration:- I have cross-checked / proper filled all my personal details. I.e. Name, Father Name, Date of Birth, etc.

Student Signature _____

 DATE MONTH YEAR

Mandatory Documents: 1* Blue Background Picture Passport Size, SSC Degree Attested Copy, HSSC Degree Attested Copy, Grade Report, IBCC Equivalence Certificate Attested Copy, Clearance Form, Departmental Verification that academic requirements for the program have been successfully completed.

Processing Time: 1. 15 working days for processing.*

- For Office Use Only**
1. Verify with ID Card
 2. Verify from System
 3. Issued / Decline

Registration Assistant _____

 DATE MONTH YEAR

Name, Father Name, Gender, DOB, CNIC all checked and verified from SSC +CNIC
 *With subject to availability of all signatories.