



SCHOOL OF MEDIA AND COMMUNICATION
PAN-ATLANTIC UNIVERSITY

Postgraduate Diploma

TRANSCRIPT REQUEST FORM

Note to Applicant

Please complete the information below. Send this form to the Registrar's office at your University.
Photocopy this page if additional forms are needed

To be completed by Applicant

Name of Applicant
Surname First name Middle Name

University

Date of Enrollment Degree and Year of Graduation

Applicant's Email address

I hereby authorize the release of a transcript of my academic record to the School of Media and Communication, Pan-Atlantic University.

Date Applicant's Signature

Note to the University:

The above named person is applying to the School of Media and Communication, Pan-Atlantic University and requests that a transcript of his/her academic record be released to the Admissions Office. We ask that you enclose this form together with an official transcript in a sealed envelope, signed and stamped across the back flap and send to;

The Dean,
School of Media and Communication, Pan-Atlantic University
Km 52 Lekki-Epe Expressway, Ibeju-Lekki, Lagos, Nigeria
P.O.Box 73688, Victoria Island, Lagos.

The admissions board would like to ensure that we have fairly judged a candidate's record based on a particular schools grading standards. We ask that, whenever possible, you include information about the applicant's cumulative grade point

1. Cumulative Grade Point Average

.....
Please explain your grade point system (e.g. a=4.00, B=3.00 etc)

2. If the applicant has failed or repeated a course, is this indicated on the academic record? Yes No

.....
Signature of School official completing request

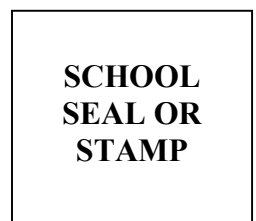
Registrar's contact information

Name

Telephone Number

Fax Number

Email address



Please attach this form to the transcript