

SCHOOL OF MEDIA AND COMMUNICATION PAN-ATLANTIC UNIVERSITY

**Master of Science Degree**

**in Film Production**

**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 Express Way Ibeju Lekki, 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 …………………………………………………………………………

**SCHOOL SEAL OR STAMP**

***Please attach this form to the transcript***

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