



## 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-African University.

Date ..... Applicant's Signature .....

**Note to the University:**

The above named person is applying to the School of Media and Communication, Pan-African 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-African University  
2, Ahmed Onibudo Street, 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***