



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
REQUEST FOR ISSUANCE OF ACADEMIC
TRANSCRIPT

Form
PG 23

Name of Graduating Student: _____
(Surname in Caps) (Other Names)

Year of Admission _____

Mode of Study: Part-time Full-time

Matric No _____ Sex _____ Degree/Diploma Awarded _____

Year of Graduation: _____ Department _____

Faculty _____ Phone No: _____ E-mail: _____

Centre Name _____

Permanent Address: _____

Institutions to which transcript(s) should be sent: _____

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

I attach Receipt No.....for the sum of ₦..... being charges for..... Transcript(s) paid to LAUTECH.

Signature of Applicant

Date:.....

Note: If you demand for more than six transcripts please attach additional sheet below

Comments:

Secretary Postgraduate School

Date:.....