



# UNIVERSITY OF KURDISTAN HEWLÊR

## ACADEMIC REGISTRAR'S OFFICE

Serial No

### TRANSCRIPT REQUEST FORM

**Important:**

1. Transcripts may need up to one working week to be processed during term time and longer if requested during the admissions, registration and graduation period. If your request is urgent, a surcharge of **\$30** can be paid to receive the transcript(s) within 24 hours.
2. Submit all completed Forms to ARO. Student should keep a copy of all completed form/s and all supporting payment evidence.
3. A third party may collect the transcript on behalf of the student. The student must send an authorization letter stating the name of the third party to [registry@ukh.edu.krd](mailto:registry@ukh.edu.krd). When claiming the letter, the person authorized to claim the letter should bring with him/her national ID or a UKH valid ID.
4. The First copy will be free of charge. Each additional copy will be charged \$20 USD.
5. Transcript requested within 24 hours will be charged \$30
6. Payment must be made to the finance Department.

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ UKH Email Address: \_\_\_\_\_  
 Programme:  Foundation  UG  PG

REQUEST DETAILS	
Number of transcripts required	_____
Academic year that you studied at UKH?	_____
Number of transcript/s previously requested	_____
Transcript/s to be officially sealed in an envelope?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I confirm that I have read and understood all the information above.	
Student's Signature: _____	Date: _____
PAYMENT (code:38)	
Payment Amount: _____	
FOR FINANCE DEPARTMENT ONLY	
Receipt Number: _____	
Issued by: _____	_____
Name & Signature	Date
RECEIPT OF TRANSCRIPT OR CERTIFICATE	
Received by: _____	_____
Name & Signature	Date



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**RECEIPT OF GRADUATION CERTIFICATE AND TRANSCRIPT FORM**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ UKH Email Address: \_\_\_\_\_  
Department: \_\_\_\_\_ Level: \_\_\_\_\_ Major: \_\_\_\_\_  
Programme:  UG  PG

I, the undersigned hereby confirm in receiving my Graduation Certificate and Transcript from the Academic Registrar's Office, University of Kurdistan Hewler.

I acknowledge that I am fully responsible for keeping my Graduation Certificate safe from any damage except unforeseen damage.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR ARO USE ONLY**

Received by: \_\_\_\_\_  
Name of ARO Staff & Signature Date