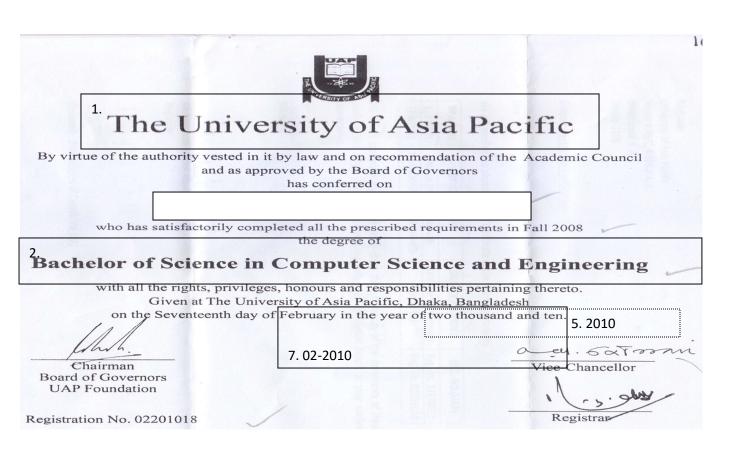


Academic Records Request Form

	A. For Applicants: This form is provide	ded to facilitate the	he release of your ac	ademic records by yo	ur acade	wie institution	(
	You are responsible for contacting you 1) Complete the top part of this form 2) Submit this form to the registrar/o 3) Print additional copies of this form	As per Enrollm Spring= April (4 For MBA/EMB	er Enrollment Semester of Transcript ng= April (4), Fall= October (10) MBA/EMBA (before Fall 2015 semester) ng= March (3), Fall= July (7) Winter= November (11) MBA/EMBA/MA in Eng. (from Fall 2015 semester) ng= January (01), Summer= May (05), September(09).			As per Completion Semester of Transcript Spring= August (8), Fall= March (3) of next year/Date of Completion of Degree Requirements For MBA/EMBA (before Fall 2015 semester) Spring= June (6), Fall= October (10) Winter= February (2) of next year For MBA/EMBA/MA in Eng. (from Fall 2015 semester) Spring= April (04), Summer= August (08),		
	WES Reference No. (required)	For MBA/EMB Spring= Januar						
	Last/Family Name	ran-septembe	1 (03).			Fall= December (12).	ner – August (00),	
	le)	D	ate of Birth (dd/mm/yyyy)	E-may				
As per Or	riginal Certificate							
1	Institution Name	0	Country	Dates Attenda	3	4		
1	1		1	From	n/yyyy)	To(mm/yyyy)		
. \ .	Degree Name (if applicable)	Y	ear of Award (if applicable)	Major			1000 T	
	2	orașe ni decentrale	•	5		6	Total Control of the	
	Student ID or Roll Number at senging institution (if a	applicable)	As per Origina	Certificate		rational of an DDA /AADA /EA	40.4	
	And a second sec				A	oplicable for BBA/MBA/EN	/IBA	
/	I hereby authorize the release of my ac	hereby authorize the release of my academic records to World Education Services.						
	Applicant's signature:	Date						
	Applicant's signature.							
	Ear Authorized Officials: The	For Authorized Officials: The person named above requests that their academic records be released to World Education						
	Services. His or her records/statement	Services. His or her records/statement of marks should show all subjects completed and all grades/marks awarded for all years of						
	study.							
	1) Please complete this form.							
	2) Place this form and academic reco3) Sign and seal the envelope across	ord(s) in an enve	lope.					
	*	o the basic hap						
	Institution Name:						1	
	University of Asia Pacific					r Original Certificate		
			Date	awarded: (month/yr)		_		
	Degree obtain 1: (if applicable)				*			
	Name of Official Completing Form: (please print or type)		Title:			allow of Evaminations		
	Mohammad Zahir		Deputy Controller of Examinations					
	+880-2-58157091-4 Ext112		Email:			the state of the s		
			examctrl@ua			p-ba.eau		
	Authorized signature and seal:			Date:				
	Audiorized dignature that each							
	Yes. The applicant's academic rec	Yes. The applicant's academic records are attached to this form.						
	Please send this form and academic records directly to WES using one of the addresses below:							
	By Postal Mail:		Ву Ехр	By Express Courier:				
			WES Deference No.					
WES Reference No. World Education Services Attention: Documentation Center P.O. Box 5087 Payling Groen Station			WES Reference No World Education Services					
			Attention: Documentation Center					
			64 Beaver St. #146 New York, NY 10004					
	Bowling Green Station New York, NY 10274-5087		USA					
	USA							
						3/	72015	



Enrollment Somester Completion Semester Fall 2009 Fall 2009 Fall 2009 Fall 2009 Fall 2009 Fall 2009 April 2005 April 2005 4. 04-2005