



Academic Records Request Form

A. For Applicants: This form is provided to facilitate the release of your academic records by your academic institutions. You are responsible for contacting your academic institutions directly.

- 1) Complete the top part of this form
- 2) Submit this form to the registrar/
- 3) Print additional copies of this form

As per Enrollment Semester of Transcript
 Spring= April (4), Fall= October (10)
For MBA/EMBA (before Fall 2015 semester)
 Spring= March (3), Fall= July (7) Winter= November (11)
For MBA/EMBA/MA in Eng. (from Fall 2015 semester)
 Spring= January (01), Summer= May (05),
 Fall=September(09).

As per Completion Semester of Transcript
 Spring= September (9), 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),
 Fall= December (12).

WES Reference No. (required)

Last/Family Name

Date of Birth (dd/mm/yyyy)

E-mail

Country

Dates of Award

From (mm/yyyy)

To (mm/yyyy)

Degree Name (if applicable)

Year of Award (if applicable)

Major

Student ID or Roll Number at sending institution (if applicable)

As per Original Certificate

Applicable for BBA/MBA/EMBA

As per Original Certificate

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature: _____

Date: _____

B. For Authorized Officials: The person named above requests that their academic records be released to World Education 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 record(s) in an envelope.
- 3) Sign and seal the envelope across the back flap.

Institution Name:

University of Asia Pacific

Degree obtained: (if applicable)

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Date awarded: (month/yr)

As per Original Certificate

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Name of Official Completing Form: (please print or type)

Mohammad Zahirul Islam

Title:

Deputy Controller of Examinations

Telephone:

+880-2-58157091-4 Ext.-112

Email:

examctrl@uap-bd.edu

Authorized signature and seal: _____

Date: _____

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:

WES Reference No. _____
 World Education Services
 Attention: Documentation Center
 P.O. Box 5087
 Bowling Green Station
 New York, NY 10274-5087
 USA

By Express Courier:

WES Reference No. _____
 World Education Services
 Attention: Documentation Center
 64 Beaver St. #146
 New York, NY 10004
 USA



1. **The University of Asia Pacific**

By virtue of the authority vested in it by law and on recommendation of the Academic Council and as approved by the Board of Governors has conferred on

[Redacted Name]

who has satisfactorily completed all the prescribed requirements in Fall 2008

the degree of

2. **Bachelor of Science in Computer Science and Engineering**

with all the rights, privileges, honours and responsibilities pertaining thereto.

Given at The University of Asia Pacific, Dhaka, Bangladesh

on the Seventeenth day of February in the year of two thousand and ten.

5. 2010

7. 02-2010

[Signature]
Chairman
Board of Governors
UAP Foundation

[Signature]
Vice Chancellor

[Signature]
Registrar

Registration No. 02201018

[Handwritten notes] TRANSCRIPT OF ACADEMIC RECORDS

Enrollment Semester	Fall 2009	3. 10-2009
Completion Semester	Fall 2013	4. 03-2014

Sessions Attended	Fall 2000 to Spring 2004	3. 10-2000
Date of Completion of the Degree Requirements	April 2005	4. 04-2005