

International Student Academic Record Form

Instructions: Please complete all applicable sections. Attach original transcripts if available. This form should be filled out by the academic institution's registrar or authorized official.

Student Information

Full Name	_____		Date of Birth	____ / ____ / ____
Student ID	_____		Nationality	_____
Current Address	_____			

Institution Information

Institution Name	_____		
Country	_____	Academic Year	_____ - _____

Academic Record

Course Code	Course Title	Credits/Units	Grade	Year/Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certifying Official

Name	_____	Title/Position	_____
Email	_____	Phone	_____
Date	____ / ____ / ____	Signature	_____

This form is for evaluation purposes and must be sent directly to the receiving institution or sealed with the institution's official stamp.