



# CRAWFORD UNIVERSITY

FAITH CITY, IGBESA, OGUN STATE

## REQUEST FOR ACADEMIC TRANSCRIPT

### SECTION A

(To be completed by the applicant)

1. NAME ..... GENDER .....
2. (a) MATRIC NO. .... (b) YEAR OF ENTRY .....  
(c) MODE OF ENTRY .....  
(d) PURPOSE OF TRANSCRIPT .....
4. COURSE OF STUDY .....
5. DEGREE AWARDED/CLASS OF DEGREE .....
6. YEAR OF GRADUATION .....
7. FULL ADDRESS OF BODY/INSTITUTION/ORGANIZATION REQUESTING FOR TRANSCRIPT  
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8. AMOUNT PAID ₦.....
9. TRANSCRIPT TYPE (Please tick the appropriate boxes. Attach/Upload evidence of payment)  
 STUDENT (UNOFFICIAL)  
 SCANNED/EMAILED  
 LOCAL POST  
 INTERNATIONAL POST
10. ADDITIONAL INFORMATION (e.g DDR Code/WES Ref #) .....
11. APPLICANT SIGNATURE/DATE ...../..... TEL. NO. ....

Note: Please scan the filled form and the evidence of payment to [examsandrecords@crawforduniversity.edu.ng](mailto:examsandrecords@crawforduniversity.edu.ng)