

**UNIVERSITY OF ILORIN, ILORIN
TRANSCRIPT REQUEST FORM**

e-mail address: academicoffice@unilorin.edu.ng

1. **Name:**.....
Surname Other Names

2. **Matriculation No:**.....

3. **Year of Entry:**.....

4. **Year of Graduation:**.....

5. **Course Admitted for:**.....

6. **Degree Awarded:**.....

7. **Type of Transcript** (please tick as appropriate)
SESSIONAL **COMPLETE**
OFFICIAL **STUDENT**

8. **Address to be sent to:**.....
(Detailed please)
.....
.....

9. **Mode of Postage:** **COURIER** **ORDINARY POST**
REGISTERED POST

10. **e-Mail Address:**.....

11. **Phone No:**.....

12. **Have you applied for transcript before?** Yes No

13. **Date of Submission:**.....

NOTE:

ALL REQUESTS FOR ANY TYPE OF TRANSCRIPT ATTRACT A FEE OF ₦1,000.00K

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