

REQUEST FOR STATEMENT OF ACADEMIC RECORD

Please lodge the form at the Customer Services Counter at your Institution

STUDENT NUMBER: _____

TITLE (Mr, Mrs etc): _____

FAMILY NAME: _____

GIVEN NAMES: _____

COURSE CODE	COURSE TITLE	NUMBER OF COPIES REQUIRED
1.		
2.		
3.		

STUDENT SIGNATURE

_____/_____/_____
DATE

Please note: The cost of each Statement of Academic Record is \$10.00. Additional copies are \$2.00 each.

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PLEASE SEND TO:

PROGRAM ADMINISTRATOR: _____

CBS INTERNATIONAL PROGRAMS
BUILDING 408, LEVEL 4

CREDIT CARD SLIP ATTACHED (MIS ONLY)

BANKDRAFT ATTACHED

PROGRAM ADMINISTRATOR SIGNATURE

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DATE