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PGS Form 15 (2019)

**UNIVERSITY OF ILORIN, ILORIN**

**POSTGRADUATE SCHOOL**

**TRANSCRIPT REQUEST FORM**

**E-mail:** **pgschool@unilorin.edu.ng**

1. Name: ………………………………………………………………………………………

 **Surname** **Other Names**

2. Matriculation Number: ……………………………………………………………………

3. Year of Entry: ……………………………………………………………………………

4. Year of Graduation: ………………………………………………………………………..

5. Course Admitted for: ………………………………………………………………………

6. Degree Awarded: …………………………………………………………………………

7. Type of Transcript

(Please tick as appropriate) OFFICIAL **** STUDENT 

8. Address to be sent to: ……………………………………………………………………....

 (Detailed please) …………………………………………………………………………

 ………………………………………………………………………………………………

9. Mode of Postage: COURIER  ORDINARY POST 

 REGISTERED  HAND 

 POST

10. E-mail Address: ……………………………………………………………………………

11. Phone Number: …………………………………………………………………………….

12. Have you applied for a Transcript before? YES  NO 

13. If YES, when? ……………………………………………………………………………...

14. Date of Submission of current application: ………………………………………………..

NOTE:

i. All requests for any type of Transcript attract a fee of N5,500.00k and

ii. Attach the following:

* Photocopy of Certificate
* Original Payment Receipt
* Waybill for Courier Postage/Stamped Envelop