**Academic Transcript Request Form**

Transcript requests will be processed within 1-3 working days. This request applies only to English transcripts.

Full Name (as per passport):

Student ID Number:

Father’s Name:

Course Enrolled (Major):

Level of Study:

Date of Birth [……../……../……………..]:

Email Address:

**Please select how you would like to receive your provisional transcript:**

1- By mail

2- Pick-up at the Educational Office, IC - School of Medicine: No. 1, Poursina St., Quds St., Keshavarz Boulevard, Tehran. Phone: 021-81634213

Student’s Signature (Transcript requests will not be processed without the student’s signature):

*…………………………….. Date: ………………………….*

Paid all fees in full and has **NO** remaining debts to the International Campus on ………………………………….

 **TUMS-IC Financial Affairs Directorate**