**Academic Transcript Request Form**

*Transcript requests are proceeding within 1-3 working days.*

*This request only applied to English Transcript.*

Full Name (according to your passport):

Student ID Number:

Father's Name:

Name of the course are enrolled (Major):

Level of study:

Date of Birth [……. /………./………….]:

Email address:

Choose below how you would like to receive your provisional transcript:

* By mail
* 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 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**