



WOMEN UNIVERSITY, SWABI

ORIGINAL TRANSCRIPT REQUEST FORM (*University*)

1. Name (IN Block Letters): _____
2. Father Name: _____
3. Degree Program: ☐ Master ☐ BS ☐ M.Phil
4. Department Name: _____
5. Registration No. _____
6. Session: _____
7. CNIC of Student: _____
8. Date of Birth _____ 9. Contact No: _____
10. Apply Mode for Transcript: ☐ Urgent Mode (2300/-) ☐ Normal Mode (1700/-)
11. Payment Details:
Rs. _____ Receipt No: _____ Date: _____

Student Signature: _____

Attachments:

- Transcript already issued (Provisional Transcript)
- Photocopy of SSC (Matric Certificate)
- Payment Original Receipt
- Photocopy of CNIC