

NATIONAL OPEN UNIVERSITY OF NIGERIA REQUEST FOR ACADEMIC RECORDS

(For the use of Applicants Seeking Credit transfer to NOUN)

Note to Applicant: It is the responsibility of individual applicants to have their academic records forwarded to National Open University of Nigeria. Please complete the top part of this form and submit it to the Registrar or other authorised official at the academic institution where you obtained your credential(s). Print additional copies of this form if necessary. Please note that some institutions may charge a fee for this service.

| | | NOUN Ref# (for official use only) | |
|--|-------------------------------|-----------------------------------|--|
| Last Name | First/Given Name | | |
| Previous Name (If applicable) | Date of Birth (dd/mm/yyyy) | Email | |
| | | Phone | |
| Institution Name | Date Attended | | |
| | From To | | |
| | (mm/yyyy) (mm/yyyy) | | |
| Degree Name (If Applicable) | Year of Award (If applicable) | Major | |
| Student Matriculation Number at Sending Instit | tution | I | |

I hereby authorise the release of my academic records to National Open University of Nigeria.

Applicant's Signature Date:

Note to Authorised Official: The above-named person seeks to have his/her credentials evaluated and requests that a transcript of his/her academic records/statement of marks showing all subjects completed and all grades/marks awarded for all years of study be released to the National Open University of Nigeria. Please complete this form, place the form and academic record in an envelope, sign and seal the envelope across the back flap, and send it directly to the Registrar, National Open University of Nigeria at the address below:

| Name of Official Completing the Form (Please type or print) | | Title | | |
|---|---------|--------------------|-------------------------|--|
| Address | | 1 | | |
| City | Country | | Postal Code | |
| Telephone | Fax | | | |
| Email | URL | | | |
| | www. | | | |
| Confirmation: I confirm that the student named above attended | | | | |
| | | Institution's Name | | |
| Dates of attendance from Month/Yr | | to | Month/yr | |
| Degree obtained (if applicable) Name of Degree | | | Date Awarded (Month/vr) | |

...... Authorised

academicoffice@noun.edu.ngUniversity Village

Date

By electronic Mail

Signature and SEAL

Yes, the applicant's academic transcript/statement of marks is attached to this form

By Mail:

The Registrar National Open University of Nigeria Plot 91, Cadastral Zone Nnamdi Azikiwe Expressway Jabi, Abuja, FCT

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(PLEASE RETURN THIS FORM TOGETHER WITH THE OFFICIAL ACADEMIC RECORDS/STATEMENT OF MARKS)