

Transcript Request Form



P.O. Box 24686, 00502 Karen
Tel: +254 (0) 20 2603664
Fax: +254 (0) 20 882906
E-mail: records@africainternational.edu
www.africainternational.edu

Constituents: Nairobi Evangelical Graduate School of Theology (NEGST), Institute for the Study of African Realities (ISAR), and School of Professional Studies (SPS)

Full legal name of student/alumni _____ Student No.: _____

Postal Address: _____ Date of birth: _____

Email: _____ Date: _____

Phone No. _____ Are you currently enrolled? ____ Yes ____ No

If no, date last enrolled _____

Number of copies: _____

If enrolled, do you want this request held for current term grade posting? ____ Yes ____ No, send now.

If your name has changed since your records were established, please print former name

Your Signature: _____

If you wish to submit this form electronically: Instead of a written signature, you type out your Kenyan National ID no/Passport No. (For international applicants). In doing so, you agree that this carries the same authority as your hand-written signature.

MAIL TO: (Please Print)

Transcripts will not be issued to any students who have financial obligations to the school.

Transcripts are issued only at the request of the student. Transcripts will not be released to a third party without the written consent of the student/alumni

Please allow one week for processing

N.B.

Cost for an official transcript is KShs. 1000/=
Unofficial is KShs. 300/=.

Receipt NO. _____ Signature _____

FINANCE DEPARTMENT

Records Office, 2018