

## **DOCUMENT REQUEST FORM 24/25**

## **GENERAL GUIDANCE**

Registrar Representative Name

This form should only be completed by a new applicant or current student(s) wishing to request documents from AUM.

## INSTRUCTIONS

All sections of this document must be completed fully by the student requesting <b>STUDENT DETAILS</b>	documents f
STUDENT DETAILS	
Last Name: First Name: Mic	ddle Initial:
AUM ID (if applicable): or passport/ ID:	one No:
Email:	
Program of Study:	
Date of Birth:	
TYPE OF DOCUMENT REQUESTED	
DOCUMENT TYPE	
The state of the s	
Transcript	
Attendance Report	
Admission letter	
Enrolment Letter	
Housing Contract	
Other	
SEMESTER FOR DOCUMENT REQUESTED	
Semester: Fall 2024_Spring 2025_Summer25_Fall 25	
Student Signature:	
Date:	
FINANCE DEPARTMENT APPROVAL:	
Finance Representative Name Signature	Date
OFFICE OF STUDENT AFFAIRS APPROVAL:	
OSA Representative Name Signature	Date
1	
REGISTRAR APPROVAL:	

Date

Signature