



ATTA UR RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)

NATIONAL UNIVERSITY OF SCIENCES & TECHNOLOGY (NUST)

STUDENTS' REQUEST FOR UNOFFICIAL TRANSCRIPT

1. Name of Student: _____
2. Regn No: _____
3. No of courses already dropped in this semester: _____
4. Semester upto which Transcript required: _____
5. Student Contact No: _____

6. **Transcript will be collected by:** Self (by Hand) / Authorized Person
7. In case of Authorized Person:
 - (a) Name of Authorize Person: _____
 - (b) CNIC of Authorized Person : _____
 - (c) Tel / Mobile No: _____

Date:

Student's Signature