

Adventist University of West Africa Office of Admissions and Records

Excellence Integrity Accountability Unity in Diversity Selfless Service

Date:					
1. Name:					
First	Mic	idle		Last	
2. Matriculation Number:		Date/Year of Admission:			
3. Gender: Male () Female ()	Date of Birth:				
4. Mode of Admission:			Day	Month	Year
a. Direct Entry					
b. Transferred S	Student () Please a	ittach a cop	y of you	r transcript	
c. Post Basic (h	ad an AA or BSc D	egree before	e enterii	ng)()	
5. College:	Department:				
6. Date of Graduation:		OR Last Sen	nester A	ttended:	
	Day Year				
7. Email Address:			Cell Nui	mber:	
8. Which Document (s) are you re					
a. b. c. d. e.	Transcript (Gradua Recommendation Attestation Letter Transcript (Tran Attestation Letter Grade Sheet (s) fo	Letter (Grace (Graduate) sferring) (Transferring r Scholarshi	ng) p	() () () ()	Education ()
Chair of Department:	Ivallic	Sigi	ature &	Date	
Student Services:	Name	Sigr	ature &	Date	1
	Name	Sign	ature &	Date	
Institution Effectiveness:		-8-			
	Name	Sign	ature &	Date	
Chaplaincy:	Tullie	Digi	iatare a	Bute	
Chapianicy.	Name	Sign	nature &	, Data	
V. P. Academics:	ranic	Sigi	iature &	Date	
v. i . Academies.	Name	Sign	nature &	, Doto	
Admission and Decords:	Name	Sigi	iatui e &	Date	
Admission and Records:	Name	a:		Doto	
Face	maine	Sigr	ature &	Date	
Fees 1. 1 Transcript and 2 Letter ((s) (Graduate) 30:00	0 USD			
1. I II and the and 2 Detter ((0)				

2. 1 Letter (Attestation): 10.00 USD

3. 1 Transcript and 1 Letter (Transferring): 50.00 USD

Note: Document (s) can be picked up after two weeks, after the signing of this forms.

Please drop a copy of this form to each of the signatories.