



**EASTERN UNIVERSITY, SRI LANKA**  
**APPLICATION FOR ACADEMIC TRANSCRIPT**

*(Application forms should be handed over or email to the relevant Faculty Registrar two weeks before the due date)*

1. Degree Program :.....

2. Registration No :.....

3. Faculty :.....

4. Academic Year :.....

5. Index No :.....

6. Date & Year of passed out:.....

7. Address to whom to be sent ( in capital letters):

.....  
.....  
.....  
.....

8. Date of Payment:..... (PIV should be attached)

Charges (Including postal):

Local	: Rs 1,000.00
Foreign	: Rs 3,000.00

9. Name of Applicant:.....

9. Address of Applicant:.....

.....  
.....

10. Signature of Applicant:.....

Date:.....

**(Tear Here)**

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**ACKNOWLEDGEMENT**

Mr/Ms.....

Your academic transcript has been sent to the following on your request dated.....

Transcript sent on :.....

Checked By :.....

Address :.....

.....  
.....

Signature of Faculty Registrar:.....Date:.....