



REQUEST TO REISSUE GRADUATION CERTIFICATE

ALUMNA INFORMATION

ID#: _____ Name: _____

Program Type: Undergraduate Graduate Major: _____

Mobile#: _____ Email: _____

REASON FOR THE REQUEST

Damaged. I have attached my previous certificate.

Changed name. I have attached my previous certificate.

Lost or destroyed. The circumstances of the loss or destruction are:

Others. Please specify:

Instructions:

- Identification must be shown when submitting the form.
- A copy of Passport must be attached with the form.
- The processing time is 6-8 working weeks.
- The processing fee is SR 250.

CERTIFICATION

I _____, declare the foregoing information is true and correct.

Alumna Signature: _____ Date: _____

Accounting Department Signature: _____ Date: _____

Admission Office Signature: _____ Date: _____

Registration Office Signature: _____ Date: _____