

## **Academic Records Request Form**

- A. For Applicants: This form is provided to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.
  - 1) Complete the top part of this form. You must include your WES reference number.
  - 2) Submit this form to the registrar/controller of examinations or other authorized official where you obtained your credential(s).
  - 3) Print additional copies of this form as necessary.

WES Reference No. (required) 4768700	)	
Last/Family Name	First/Given Name	
KHAN	ABDUL FAHAD	
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	E-mail
	10/07/1988	FAHAD.KHAN563@GMAIL.COM
Institution Name	Country	Dates Attended
CRESENT COLLEGE OF TECHNOLOGY, BHOPAL	INDIA	From 09/2007 To 06/2011
Degree Name (if applicable)	Year of Award (if applicable)	(mm/yyyy) (mm/yyyy)
BACHELOR OF ENGINEERING	2011	Major  COMPUTER SCIENCE AND ENGINEERING
Student ID or Roll Number at sending institution (if applicable) 0175CS071001		OSIM OTEN GOILINGE AND ENGINEERING
<ol> <li>For Authorized Officials: The person named above re her records/statement of marks should show all subjection.</li> <li>Please complete this form.</li> <li>Place this form and academic record(s) in an envelogeneed.</li> </ol>	ets completed and all grades/	/marks awarded for all years of study.
Sign and seal the envelope across the back flap.     stitution Name:		
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stitution Name:	Date awarde	rd: (month/yr)
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stitution Name: Pegree obtained: (if applicable) Ime of Official Completing Form: (please print or type)	Title:	rd: (month/yr)
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stitution Name: egree obtained: (if applicable) ume of Official Completing Form: (please print or type)	Title:	od: (month/yr)  Date:

WES Reference No. 4768700

**World Education Services** Attention: Documentation Center 102-2820 14th Avenue Markham, ON L3R 0S9 Canada