



OFFICIAL TRANSCRIPT REQUEST FORM

- *All financial obligations to Sabancı University must be satisfied before transcript is released.*
- *The transcript fee has to be paid to Akbank Central Branch Account no. 9999.*
- *Please fill necessary information in the appropriate fields below and submit the form to Student Resources together with the transcript fee receipt.*

STUDENT NUMBER LAST NAME, NAME

FACULTY

DIPLOMA PROGRAM (Microelectronics, History, etc.)

CLASS (FDP, Freshman, Sophomore, Masters, etc.)-only for currently enrolled students

CHOOSE THE LEVEL YOU REQUEST FOR THE TRANSCRIPT

- ☐ Undergraduate program
☐ Graduate program
☐ Graduated with BA/BS/MA/MS/PhD Degree on
☐ Left University inYear

CHOOSE ONE OF THE FOLLOWING

- ☐ I will pick up the transcript(s) (.....copy)
☐ Send transcripts to the address below (.....copy)
☐ Normal Postage
☐ Collect Call Cargo

(Please write your address in the box below)

DATE

SIGNATURE

* Please tick the box if you need transcript for Apostille

☐

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STUDENT NUMBER LAST NAME, NAME

PLEASE WRITE THE ADDRESS THAT YOU WISH TO SEND THE TRANSCRIPT IN THE BOX BELOW
