
(Student's Name and Surname)

International European University,
Malta Campus

(Faculty/School)

(Name of Educational Program)

(Phone Number)

(Email)

(Address)

Official Transcript Request

I, (Name and Surname), ___ year student of the (Name of School) at the International European University, Malta Campus, am writing to officially request my Transcript of Records from the University. The Transcript of Records may be sent to the address (student address) or email (student email).

(Date of Submission of the Request)

(Name, Surname, and Signature)