

## Copy Request Form

This form is for enrolled students requesting copies of documents from their admissions file. Any request form submitted after 2:00 pm on Thursday will be prepared for the following week. Please allow 3 working days to complete request. Any questions may be directed to the Office of Records or [records@qatar.tamu.edu](mailto:records@qatar.tamu.edu)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile: \_\_\_\_\_

UIN: \_\_\_\_\_

Initial Application:  Freshman  Transfer  Transient  
 Term:  Fall  Spring  Summer

I REQUEST A PHOTOCOPY OF MY DOCUMENTS ONLY

I REQUEST A PHOTOCOPY OF MY DOCUMENTS WITH COPY STAMP *This is a true copy of an original document.*

**Check the name of document(s) for which a copy is needed:**

<u>Document Type</u>	<u>Test Scores</u> <i>(Specify date of test if applicable)</i>
<input type="checkbox"/> Secondary School Transcript	<input type="checkbox"/> TOEFL Test Date: _____
<input type="checkbox"/> Secondary School Completion Certificates	<input type="checkbox"/> SAT Test Date: _____
<input type="checkbox"/> ABP Transcript	<input type="checkbox"/> ACT Test Date: _____
<input type="checkbox"/> Foundation Program Transcript	<input type="checkbox"/> IELTS Test Date: _____
<input type="checkbox"/> Passport Copy	<input type="checkbox"/> A-Levels/IB Test Date: _____
<input type="checkbox"/> Resume	
<input type="checkbox"/> Essay	

Other Documents, please specify:

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