



Application for Academic Record

Name: (Full name as when registered) _____

Current Name (If different from the above) _____

Student Number (If known): _____ Date of Birth (dd/mm/yyyy) ____/____/____

The following types of records are available (Please read carefully and tick the options required):

Undergraduate Students who have not yet graduated

- Judgment** – This document lists exam results per session, showing subjects, marks and overall grade. **There is a fee of € 10.00 (or equivalent) for two originals (no fee for currently registered students). If more than 2 copies are needed, photocopies should be made, these can be validated at a later stage. Please provide details of exam results required**

Programme (eg 1st Arts, 3rd Sci) Year (eg 1997/98) Exam Period (Sem 1, 2 etc)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduates

- Statement** - There is a **fee of € 10.00 (or equivalent)** for two original verified copies (**no fee for currently registered students**). Please note this document applies when application is received for transcript of MA (by Research) and PhD. [View a sample statement](#)

- Transcript** – There is a **fee of €22.00 (or equivalent)** for two original copies (**no fee for currently registered students**) [View a sample traditional transcript](#) or [View a sample modular transcript](#)
note: Modular transcripts are only available for modular students i.e. post 2005

Please tick this box if you do not require a break down of marks

Please tick this box if you have previously applied for your UCD Transcript

Payment Method: Credit Card¹ Cheque² Postal Order³ Bank Draft² Cash (if collecting)

1 Complete Page 2 2 Make payable to the UCD Registry 3 Ireland only. Make payable to the UCD Registry

Address for Postage: _____

Phone: _____

E-Mail: _____

I hereby certify that I am the above said person and that the above statements are true.

Primary Degree: _____

(from UCD only e.g. BA)

Year of Award: _____

Postgraduate Degree(s) / Diploma(s): (from UCD only e.g. MA, PhD, HDip): _____

Year of Award: _____

For Office Use Only: Date ____/____/____

Request taken by: _____

FMP No: _____

Signature of Applicant: _____

Due to the volume of requests we receive please allow at least **14 working days** for receipt of your document.

