Al Akhawayn University Ifrane **Registration Office**

REQUEST FOR CERTIFICATE OF COMPLETION

Print your name as it should appear on your diploma (similar to your legal birth certificate)

Name: …….
First Last Middle

Student ID: …….. Level: Undergraduate ❑ Graduate ❑

Degree earned:

Bachelor of Business Administration ❑
Bachelor of Science in General Engineering ❑
Bachelor of Science in Human Resources Development ❑
Bachelor of Arts in International Studies ❑
Bachelor of Arts in Communication Studies ❑

Student Signature:_____ Date _____

Financial Clearance

Cleared at Business Office by _____ on _____ Signature & Stamp _____

Cleared at Financial Aid Office by _____ on _____ Signature & Stamp _____

Office of the Registration Use Only

Received by Enrollment Services on _____ Processed by: _____ On: _____