

**SCHOOL NAME HERE**

1234 International Ave, City, Country  
P.O. Box 5678 | Phone: +123-456-7890 | www.schoolwebsite.edu

# Official Academic Transcript

International Student Record

**Student Information**

**Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Nationality:** \_\_\_\_\_  
**Program:** \_\_\_\_\_  
**Period of Study:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Academic Record**

No.	Course Code	Course Title	Credit	Grade	GPA Value	Semester
1	_____	_____	—	—	—	_____
2	_____	_____	—	—	—	_____
3	_____	_____	—	—	—	_____
4	_____	_____	—	—	—	_____
5	_____	_____	—	—	—	_____
Totals / GPA					—	

**Remarks**

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Registrar / Academic Affairs  
Signature: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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International Office / Coordinator  
Signature: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_