REQUEST FOR ACADEMIC TRANSCRIPT

An academic transcript is a complete summary of your academic history at Adelaide University and cannot be altered in any way.
Your transcript will contain a complete record of all academic study undertaken at the Adelaide University, the South Australian College of Advanced Education (Kintore Avenue) and the Roseworthy Agricultural College.

Time taken for transcript to be issued:
- post 1985 Adelaide University - minimum 24 hours
- pre-1985 Adelaide University - minimum of 2 to 3 days
- pre-1991 SACAE or Roseworthy - up to 2 weeks

Personal Details

Student ID No.....................................Title (Dr, Mr, Mrs, Miss, Ms, other)........................................
Family Name.........................................................................................................................................
Given Name(s)......................................................................................................................................
Previous Name (if applicable) ............................................................................................................
Date of Birth.......................................Contact Phone No .................................................................

Transcript Format

Marks and/or Grades
All transcripts show grades (HD, D, C, P, F, etc). Do you also wish the transcripts to show marks (ie the percentage, eg 50, 88 etc)?................................................YES/NO
(NB: marks are NOT available for any pre-1991 SACAE or Roseworthy or pre-1985 Adelaide University transcripts)

Qualifications and Graduations
• have you qualified for your degree/diploma..........................................................................YES/NO
  (ie finished course but not yet graduated)
• have you graduated from your degree/diploma....................................................................YES/NO
  (ie either attended graduation ceremony or graduated in absentia)

If “YES” to either of these questions, please specify course (eg B.A., B.Sc., etc.)............................

Prices

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TOTAL PRICE

Page 1
Payment details
Please complete appropriate section in BLOCK LETTERS

Student Name (in full)...........................................................................................................................................................

Student Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐

Credit Card Authority for Adelaide University transcripts
Please charge my: ☐ Bankcard  ☐ Mastercard  ☐ Visa

Card Number: ☐☐☐☐/☐☐☐☐/☐☐☐☐/☐☐☐☐

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Study Record at Affiliated Institutions
Did you ever attend/study at:
• South Australian College of Advanced Education (Kintore Avenue)...........................YES/NO
• Roseworthy Agricultural College......................................................................................YES/NO

If yes, please complete the following:

Course Name ..........................................................................................................................................................

Campus Details....................................................................................................................................................

Completion Year ..................................................................................................................................................

(when finished course, but not yet graduated)

Graduation Year ................................................................................................................................................

(i.e. when attended graduation ceremony)

Collection/Postage
Please tick relevant box
☐ Please hold for me to collect.
☐ I authorise:.............................................................. to collect my transcript on my behalf.
☐ Post to:..........................................................................................................................................................
☐ Fax to:..........................................................................................................................................................

Signed ...........................................................................................................  Date.............................................................

Please send the complete form to:
Student Centre
ADELAIDE UNIVERSITY
SA 5005
AUSTRALIA
Facsimile: +61 8 8303 4401
Telephone: +61 8 8303 5208