

Alhambra Medical University
 2215 W. Mission Road, Suite 280, Alhambra, CA 91803
 Tel: (626) 289-7719 Fax: (626) 289-8641

Student Request Form

Student Name: _____ Student ID #: _____

Date Requested: _____ Student Signature: _____

| | ITEMS | FEE/ ITEM | EXPRESS | QTY | COST |
|----------|---|-----------|--------------|-----|------|
| A | Abroad Mailing Service (Letter) | \$150 | \$200 | | |
| B | Certificate of Attendance – Bank (3 Bus. Days) | \$10 | \$20 | | |
| C | Certificate of Attendance – Embassy (3 Bus. Days) | \$10 | \$20 | | |
| D | I-20 Re-Issue Fee | \$100 | \$200 | | |
| E | Certificate of Clinical Training (3 Bus. Days) | \$10 | \$20 | | |
| F | Challenge Exam Fee per course | \$180 | N/A | | |
| G | Make-Up Exam Fee /Incomplete Grade | \$50 | N/A | | |
| H | Graduation Exam Re-Take Fee | \$25 | N/A | | |
| I | Student ID Card Replacement | \$20 | N/A | | |
| J | Graduation Evaluation Fee | \$250 | N/A | | |
| K | Additional Copy of Diploma | \$100 | \$150 | | |
| L | Official Transcript (2 Bus. Days) | \$15 | \$30 | | |
| M | Unofficial Transcript (2 Bus Days) | \$10 | \$20 | | |
| N | Return Check Penalty | \$25 | N/A | | |
| O | Transcript Evaluation Fee per course (Initial Free) | \$100 | N/A | | |
| P | Late Registration Fee | \$30.00 | N/A | | |
| Q | Late Payment Fee | \$20 | N/A | | |
| R | <u>Other:</u> | | | | |
| | | | TOTAL | | |

Mail To: _____

Hold for Personal Pick Up
 Release to the Third Party _____

Name: _____

OFFICE USE ONLY

Received by: _____ Receiver's Signature: _____
 Date Received: _____ Receipt #: _____
 Date Processed: _____ Processor's Signature: _____
 Date Mailed: _____ Date Retrieved: _____