

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	50% of Course Tuition			
G	Institutional Exam Fee	\$50	N/A		
H	Make-Up Exam Fee /Incomplete Grade	\$50	N/A		
I	Student ID Card Replacement	\$20	N/A		
J	Graduation Evaluation Fee	\$350	N/A		
K	Additional Copy of Diploma	\$100	\$150		
L	Diploma Mailing Fee	\$20	N/A		
M	Certified Mailing Fee (Letter Only)	\$10	N/A		
N	Official Transcript (2 Bus. Days)	\$15	\$30		
O	Unofficial Transcript (2 Bus Days)	\$10	\$20		
P	Return Check Penalty	\$25	N/A		
Q	Transcript Evaluation Fee per course (Initial Free)	\$100	N/A		
R	Late Registration Fee	\$30	N/A		
S	Late Payment Fee	\$30	N/A		
T	Other:				
			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: _____