



DOCUMENT REQUEST FORM

Last Name:	First Name:	M.		
Date:	Birth Date:			
Address:	Phone:			
	Email Address:			
Program: <input type="checkbox"/> Master of Business Administration <input type="checkbox"/> AA in Accounting <input type="checkbox"/> Master of Science in Oriental Medicine <input type="checkbox"/> Certificate in _____				
Attended Periods from: _____ to: _____				
TITLE		FEE	QTY	SUBTOTAL
Official Transcript - Degree Program (MBA)		\$20		
Official Transcript - Degree Program (MSOM)		\$50		
Verification of Enrollment		\$20		
Certificate of Graduation		\$20		
Commencement Invitation Letter		\$20		
Student ID		\$20		
Duplicated Diploma		\$100		
Official Transcript - Certificate Program		\$50		
Certificate of Completion - Certificate Program		\$50		
Other Documents				
<input type="checkbox"/> Pick-up in the Office (None) Domestic Mailing Fee <input type="checkbox"/> \$10 USPS No Tracking <input type="checkbox"/> \$20 USPS Tracking <input type="checkbox"/> \$50 Express - UPS/FedEx International Mailing Fee \$100 <i>*Regular Document Processing takes 3-5 business days.</i>				
TOTAL				
Primary Reason for Documents _____				
PAYMENT METHOD				
Amount: \$ _____ <input type="checkbox"/> Payment Portal (credit & debit) https://www.catu.edu/paymentportal <input type="checkbox"/> Check # _____				
Mail To (Name): _____				
Mailing Address: _____				
City: _____ State: _____ Zip Code: _____				
OFFICE USE ONLY				
Payment Received by: _____ Date Paid: _____ Receipt #: _____				
Processed by: _____ Estimate Pick-up or Delivery Date: _____				
Document Received by (Student Name): _____ Signature: _____ Date: _____				