

University of Calabar Transcript Request Receipt



Applicant Name: [REDACTED]

Email: [REDACTED]

Matriculation No: [REDACTED]

Degree: Undergraduate

Faculty: Science

Department: Geology

Qualification: BSc Geology (Second Class Lower)

Year of Graduation: 2002

Institution: Nexford University

Recipient Email: transcripts@nexford.edu

Recipient Address: 1015 15th Street NW, Suite 631, Washington DC, 20005, USA

Amount Paid: ~~N~~30,000.00

Date Requested: 2025-07-16 07:28:48

Status: Processing

Payment Reference: [REDACTED]

Scan to Verify Receipt Authenticity:

