



UNITED THEOLOGICAL COLLEGE OF THE WEST INDIES

Replacement Certificate/Degree Request Form

Name of Applicant: _____
(Surname) (Christian name) (Middle Initial)

Student ID#: _____

Date Certificate/Degree was awarded: _____
(Month/Date/Year)

Full Name on Certificate/Degree: _____

Year Graduated: _____

Programme Studied: _____

Contact Information: (Cell #) _____ (Tel #) _____

(E-mail address/es) _____

Please give full details for reason of requesting a replacement: _____

Declaration

I hereby certify that I am the above named person and wish to apply for a replacement of my degree/certificate. I have made every effort to trace/recover my original certificate, prior to submitting this application. If original certificate/degree is found during or after the processing of my request, I promise to return it to the College.

Signature:..... Date:.....

NB: Application made via email should include the above declaration in the text/body of your email to confirm your application.

For replacement certificates/degrees to be released to a third party a formal request needs to be made via email to: jthompson@utcwi.edu.jm

FOR OFFICIAL USE ONLY	
Approved: _____	Denied: _____
Comments: _____	

_____	_____
Signature	Date