



## UNITED THEOLOGICAL COLLEGE OF THE WEST INDIES

### Replacement Diploma/Certificate Request Form

Name of Applicant: \_\_\_\_\_  
(Surname) (Christian name) (Middle Initial)

Student ID#: \_\_\_\_\_

Date Certificate/Degree was awarded: \_\_\_\_\_  
(Month/Date/Year)

Full Name on Diploma/Certificate: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Programme Studied: \_\_\_\_\_

Contact Information: (Cell #) \_\_\_\_\_ (Tel #) \_\_\_\_\_

(E-mail address) \_\_\_\_\_

Please give full details for reason of requesting a replacement: \_\_\_\_\_

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#### **Declaration**

I hereby certify that I am the above named person and wish to apply for a replacement of my diploma/certificate. I have made every effort to trace/recover my original certificate, prior to submitting this application. If original diploma/certificate 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](mailto:jthompson@utcwi.edu.jm)

<b>FOR OFFICIAL USE ONLY</b>	
Approved: _____	Denied: _____
Comments: _____	
_____	
_____	_____
Signature	Date