



*United Theological
College of the West
Indies*

7 Golding Avenue, P.O Box 136,
Kingston 7, Jamaica, W.I
Tel: (876) 927-1724/ 927-2868
Email: unitheol@cwjamaica.com
Website: utcwi.edu.jm

TRANSCRIPT REQUEST FORM

Request must be made in writing; telephone requests are not accepted.

All financial obligations to the school must be satisfied. Failure to fulfill this requirement will result in the **non-processing** of the transcript.

Cost: JA\$1,500.00 (regular) or JA\$2,000.00 (express).

Cash, Manager's cheques, or credit/debit card payments are accepted.

For additional transcripts, please complete separate forms.

Allow **Ten** (10) working days for regular transcript production or

Three (3) working days for express transcript production.

Transcript request is to be sent to kwalker@utcwi.edu.jm.

Christian Name:	Middle Name:	Last Name:	Former Surname: (If applicable)
Address: Line 1			
Line 2:		Parish/State:	Country:
Email Address:		D.O.B :	Telephone Number(s): Area Code Work () _____ Personal () _____
College ID:	Signature:		Date:
Check Programme Pursued:	Please indicate if you were:	Last date you attended:	
<input type="checkbox"/> Master of Divinity <input type="checkbox"/> Diploma in Ministerial Studies <input type="checkbox"/> Diploma in Ministry <input type="checkbox"/> Certificate in Ministerial Studies <input type="checkbox"/> Diploma in Counselling <input type="checkbox"/> Certificate in Counselling: <input type="checkbox"/> Certificate Other: _____	<input type="checkbox"/> Denominational Sponsored <input type="checkbox"/> Independent <input type="checkbox"/> Denomination _____	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	
Check form of payment:	Please indicate the payment amount:	Please enter Cheque # _____	
<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Bill Express <input type="checkbox"/> In Office <input type="checkbox"/> Wire Transfer	_____ Cash Amount		
SEND TRANSCRIPT TO			
Name of Organisation/Institution:			
To the Attention of:		Email Address:	
Address: Line 1			
Line 2:			
City:	Parish/State:	Zip Code:	Country:
FOR OFFICE USE ONLY: Date Received:		Financial Approval: Date Issued:	