



CERTIFICATE REPLACEMENT FORM

DATE OF REQUEST _____

STUDENT NAME: _____

(PLEASE PRINT)

SCHOOL/DIVISION:

- ARTS, SCIENCES & PROFESSIONAL STUDIES
- APPLIED ARTS & TECHNOLOGY
- SCHOOL OF CONTINUING EDUCATION

PROGRAMME:

MATRICULATION DATE: YEAR OF GRADUATION
MM/YY MM/YY

CERTIFICATE LEVEL:

- | | | | |
|------------------------|--------------------------|---------------------|--------------------------|
| Associate Degree | <input type="checkbox"/> | Level 1 Certificate | <input type="checkbox"/> |
| Certificate | <input type="checkbox"/> | Level 2 Certificate | <input type="checkbox"/> |
| Competency Certificate | <input type="checkbox"/> | Technical Diploma | <input type="checkbox"/> |

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

***** FOR OFFICIAL USE ONLY *****

Amount Paid: \$ _____ Receipt #: _____

Signature of Cashier:

Certificate Completion Date: _____

Certificate Collected on: _____