

UNIVERSITY OF TECHNOLOGY, JAMAICA TRANSCRIPT APPLICATION FORM

Is this the first request for the applicant? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] (N.B. "Applicant" is the owner of the document)			If no, give date of application
Name under which last registered at CAST/ UTech: Mr./Mrs./Miss	Last	First	Middle
Current Mailing Address:			Date of Birth: Month / Day/ Year
Tele: Home:	Fax No.	E-mail:	Id. No.
Work: Cell:			Previous Id. No
Programme & Specialization	Start Date: Month / Year	End Date: Month / Year	Date of last <u>final</u> or resit exam
Give full name and address where document is to be sent (place same information in box below):			
Did you receive a CAST/UTech certification? If yes, indicate			
Masters [<input type="checkbox"/>] Degree [<input type="checkbox"/>] Diploma [<input type="checkbox"/>] Ass. Degree [<input type="checkbox"/>] Certificate [<input type="checkbox"/>] Statement [<input type="checkbox"/>] Incomplete [<input type="checkbox"/>]			
If other, specify			
PLEASE NOTE: 1. A transcript is a confidential document, which is sent from one educational institution to another. 2. Regular cost is J\$1000.00/US\$20.00 and J\$500.00/US\$10.00 for each additional copy 3. Express Service is J\$1,500/US\$30.00 and J\$1000.00/US\$20.00 for each additional copy 4. Same Day Service -J\$2,500.00 (conditions apply) 5. Processing time is 15 working days for regular and 3 for Express Service 6. The timely processing of your document is dependent on the accuracy and completeness of the information supplied. 7. Indicate method of dispatch: * Courier Service [<input type="checkbox"/>] * Fax [<input type="checkbox"/>] Ordinary Mail [<input type="checkbox"/>] (* attracts additional costs) 8. Express & Same Day requests are available to persons registered from Academic Year 00/01 to present			
Amount paid at Accounts	Receipt No. & Date	Date of Request	Signature of person completing form
FOR OFFICIAL USE ONLY (Date Sent)	Signature of Dispatch Clerk	Financial Clearance Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

Give full name and address where document is to be sent. Complete one form for each mailing address.

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