

# CERTIFICATE REPRINT REQUEST FORM - VOCATIONAL



## INSTRUCTIONS:

- Students must submit the form via email [uowcvocational-information@uow.edu.au](mailto:uowcvocational-information@uow.edu.au)
- Students must outline the reason the replacement certification is sought and provide additional documentation as listed below.
- Please note reprints request can take a minimum of 2 (two) weeks to process.
- Payment must be provided before any certification is reprinted.

## COSTS OF REPRINT:

- Eligibility for certification re-issue is determined by the RTO Manager. Once eligibility for re-issue is confirmed, a fee of \$50 per reprinted certificate is payable.

PERSONAL DETAILS	
<b>Student Number:</b>	
<b>Full Name:</b>	
<b>Email:</b>	
<b>Contact Phone:</b>	
<b>Course Name:</b>	
<b>Course Start Date:</b>	
<b>Course Finish Date:</b>	
<b>Issue Date of Original Certificate (if known):</b>	
CERTIFICATE REPRINT REQUEST	
<i>Please nominate the certificates you wish to have reprinted:</i>	
<input type="checkbox"/>	<b>Completion Certificate</b>
<input type="checkbox"/>	<b>Record of Results (Transcript)</b>
<input type="checkbox"/>	<b>Statement of Attainment</b>
REASON FOR REQUEST	
Reason	Must be provided with this Form
<b>Original contains an administrative error or has been damaged in transit (no fee applies)</b>	<b>Original Certificate</b>
<b>Misplaced, Damaged or Stolen Original (\$50 fee applies)</b>	<b>Completed Statutory Declaration</b>

To pay the \$50 reprint fee please electronic funds transfer (EFT) to:

Account Name: UOWC Ltd  
 BSB Number: 082 886  
 Account Number: 632907807  
 Address: University of Wollongong, Northfields Avenue  
**REFERENCE: Student Number and Surname (ensure to include this so we can identify your payment).**



**UOW**  
 COLLEGE  
 AUSTRALIA

Please email a copy of your receipt to [uowcstudent-fees@uow.edu.au](mailto:uowcstudent-fees@uow.edu.au).

DELIVERY METHOD		
I will pick up my reprint from UOW College Reception once notified of their availability		
I would like my reprint posted to the below address:		
Postal Address		
SIGN AND DATE		
Signature		Date
OFFICE USE ONLY		
	Date	Actioned by Staff Member
Request Received		
Request Forwarded to RTO Manager		
Payment Processed		
Request Completed		
Certificate(s) Issued to Student		