CERTIFICATE REPRINT REQUEST FORM – VOCATIONAL

UOW COLLEGE AUSTRALIA

INSTRUCTIONS:

- Students must complete and submit this form via email to: uowc-vocational@uow.edu.au.
- Students must outline the reason the replacement certification is sought and provide additional documentation as listed below.
- Please note: Reprint Requests can take a minimum of 2 (two) weeks to process.
- Eligibility for certification re-issue is determined by the RTO Manager. Students will be notified of the outcome of their Reprint Request via email.

COST OF REPRINT:

- Once eligibility for re-issue is confirmed, a fee may be payable by the student.
- **Where payment is required, payment must be provided before any certification is reprinted.**
- Payment is required via electronic funds transfer (EFT) to the following account:

  Account Name: UOWC Ltd
  BSB Number: 082 886
  Account Number: 632907807
  Address: University of Wollongong, Northfields Avenue

  REFERENCE: Student Number and Surname (so your payment can be identified).

  Once payment is made, please email a copy of your receipt to uowcstudent-fees@uow.edu.au.

PERSONAL DETAILS	
Student Number:	
Full Name:	
Email:	
Contact Phone:	
Course Name:	
Course Start Date:	
Course Finish Date:	
Issue Date of Original Certificate (if known):	

CERTIFICATE REPRINT REQUEST		
Please identify which certificate(s) you require reprinted		
	Certificate	**Fee Applicable**
☐	Statement of Attainment Record	$20.00
☐	Record of Results (Transcript)	$20.00
☐	Completion Certificate (Transcript included)	$50.00

REASON FOR REPRINT REQUEST		
Reason		**Must be provided with this Form**
☐	Original contains an administrative error or has been damaged in postal transit (no fee applies)	Original Certificate
☐	Misplaced, Damaged or Stolen Original (fees apply)	Completed Statutory Declaration

DELIVERY METHOD	
☐	I will personally collect my reprinted certification from the UOW College Reception desk once I am notified that it is available for collection.
☐	I would like my reprinted certification 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		