

Request for Replacement Certificate

	T				
Programme of study					
Date certificate awarded					Day/Month/Year
Student ID					
Family name					
First names					
Postal address					
			Postcode		
Tel	()		Mobile	()	
Email					
Student signature			Date		Day/Month/Year
Payment Options <i>Please attach your cl</i>	heque or complete this section for credit card payment. d MasterCard are the only cards accepted. Go direct to the cashier at Student Central (Te Pae Korero) open Monday to Friday Cheques should be made out to Unitec				
☐ Visa	MasterCard	Name on card			
		Card number			
		Expiry date			
		Amount			
		Signature			
OFFICE USE ONLY					
Approved by dept.	Yes	No			
Approved by			Date		
Academic programme					
Certificate model			Confer date		

Student Administration

Address Unitec Institute of Technology, Freepost 3208, Private Bag 92025, Victoria Street West, Auckland 1142, New Zealand **Email** transcripts@unitec.ac.nz **Tel** +64 9 849 4180