Application for Reissue of Qualification



Family Name			Firs	t Name(s)									
Student ID			Yea	r of commer	cement								
Phone (w)		(h	n)			Date	of Birt	th					
Address (for posting	qualificatio	n when available)										
Please tick √appropri	ate box belo	w and fill in reques	ted inforn	nation.									
A Reissue of Cost \$75	Qualificat	ion											
Programme Name							Yea	r Awaı	rded				
Original qualification is attached													
Origina	qualification	on has been irretr	ievably l	ost									
B Reissue of	Statemen	t of Attainmen	t										
Course Nar	ne												
Note: A reissue of a qu above. Any further del			month. As	s soon as it is	available	, it will	be posi	ted to	the ac	ldress	you ho	ave pro	ovided
Fee Payment Met	hod Amou	unt			7								
NB: If cheque enclos Cheque (payak	-	r own – please write Bank/Maste	-	ne and studer Visa		on the mericar		-	chequ	ıe.			
Credit Card no				Card expiry	date								
Cardholder's name				Cardholder's	signatu	ıre							
Signature of Stude	nt					Date							
Please forward appl Central Academic R Ara Institute of Can PO Box 540 CHRISTCHURCH 814	ecords terbury Ltd				1	. 8	5	0	1	7	7	0	0
For Office Use Only													
Processed by				Checked by									
Date				Date									
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