## **Application for Reissue of Qualification**



Family Name		First Name(s)						
Student ID		Year of commencemer	nt					
Phone (w)	(h)		Date of Birth					
Address (for posting qualification when available)								

Please tick  $\checkmark$  appropriate box below and fill in requested information.

A	Cost \$75		
Programme Name		Year Awarded	
	Original qualification is attached Original qualification has been irretrievably lost		
В	Reissue of Statement of Attainment   Cost \$50   Course Name		

Note: A reissue of a qualification may take up to one month. As soon as it is available, it will be posted to the address you have provided above. Any further delays will be advised to you.

Fee Payment Met	hod Amount						
NB: If cheque enclose	ed is not your own – please write your n	ame and student nu	mber on the reverse of the cheque.				
Cheque (payab	Cheque (payable to Ara) Bank/Master card Visa American Express						
Credit Card no		Card expiry date	e				
Cardholder's name		Cardholder's sig	gnature				
Signature of Stude	nt		Date				
Please forward appli Central Academic Ro Ara PO Box 540 CHRISTCHURCH 814	ecords		1 8 5 0 1 7 7 0 0				
For Office Use Only		-					
Processed by		Checked by					
Date		Date					
			I have sighted the evidence and can confirm the student is eligible to have their award re-issued.				