

REQUEST FOR REPLACEMENT JCU AWARD (CERTIFICATE/TESTAMUR)

1. PERSONAL DETAILS

JCU Student Number (8 digits): _____		Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mr s <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
First given name: _____		Family name: _____	
Mailing address:			
Suburb: _____		State: _____	Postcode: _____
JCU email address: _____		Daytime phone number: _____	
Signature: _____			Date: ____/____/____

INSTRUCTIONS AND CONDITIONS

- Statutory Declaration (outlining the reasons for the loss or destruction of the original) MUST accompany this form unless a damaged testamur is returned. The declaration is to be certified by a Justice of the Peace.
- Applications take a minimum of 2 - 4 weeks to process and will only be issued after the fee is paid.
- **Fee: \$70** - Includes postage within Australia.
Note: Express Post add: \$6.50. Overseas add: \$5 airmail / \$20 - Express Post International.
- Replacement certificates: \$20.00
- Payments - Student Enquiry Centre by cheque / money order payable to JCU or Credit card (see below).
- For collection by another person, a statement signed by the applicant authorising collection must be provided.
- Applicants and authorised third parties must provide photo identification at the time of collection.

2. INFORMATION REQUIRED

Please indicate the award or awards to be replaced (eg Bachelor of Arts, Graduate Diploma of Science, Postgraduate Diploma of Arts, Doctor of Philosophy etc):

Award 1 _____ Year: _____

Class of Honours (if relevant): I IIA IIB III Major: _____

Award 2 _____ Year: _____

Class of Honours (if relevant): I IIA IIB III Major: _____

3. COLLECTION / POSTAGE DETAILS

Please select: Collect from: Student Enquiries Centre: Townsville, Ken Back Chancellery Building 1
 Cairns, Building A1

Or by: Ordinary mail Express Post Express Post International

4. CREDIT CARD DETAILS

Name on credit card: _____ MasterCard Visa

Credit card number: CVV: Expiry date: ____/____/____

Amount: _____ Cardholder's signature: _____ Date: ____/____/____

Student's signature if different from above: _____ Date: ____/____/____

5. FORM RETURN AND ENQUIRIES

<p>Townsville Student Enquiry Centre Townsville James Cook University Qld 4811 Telephone: (07) 4781 5255 Fax: (07) 4781 6333 exams-townsville@jcu.edu.au</p>	<p>Cairns Student Enquiry Centre Cairns James Cook University PO Box 6811 CAIRNS QLD 4870 Telephone: (07) 4042 1000 Email: exams-townsville@jcu.edu.au</p>
---	---