



**COLLEGE OF AGRICULTURE, SCIENCE & EDUCATION**  
**OFFICE OF THE REGISTRAR**  
*Passley Gardens, P.O. Box 170, Port Antonio*  
*Portland, Jamaica, West Indies*  
**TEL: 876-993-5377/5558 | Email: [registry@case.edu.jm](mailto:registry@case.edu.jm)**

**DEGREE REPRINT REQUEST FORM**

**SECTION 1: STUDENT INFORMATION**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROGRAMME : \_\_\_\_\_ STARTDATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**SECTION 2: REASON FOR REPLACEMENT**

- Where the original certificate was lost, stolen, or damaged, as a result of fire/water, an official police or fire report should be submitted with this request form.
- Where the original certificate is ONLY damaged, the damaged certificate should be presented to the Office of the Registrar.

PLEASE PROVIDE DETAILS:

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**SECTION 3: SIGNATURE**

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT RECEIPT NUMBER: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

OFFICIAL REPORT ATTACHED: YES  NO  | DAMAGED CERTIFICATE RECEIVED: YES  NO

GOVERNING BODY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_