

CHURCH TEACHERS' COLLEGE: MANDEVILLE

REQUEST FOR TRANSCRIPT

<b><u>For Office Use:</u></b>
Paid (\$):
Rec. #:
Date:
Signature:

<b>COST OF TRANSCRIPT:</b>	Express-	<u>Local</u>	<u>Overseas</u>	-	1 Week
	Regular -	\$800.00	\$1200	-	3 Weeks
		\$600.00	\$ 900	-	

GPA: Yes  No  (B.Ed students only)

WHEN WAS YOUR LAST TRANSCRIPT REQUEST?   
MAIL  PICK UP

NB: The express option is not applicable to **FIRST TIME** applicants or for **personal copies**.  
**Any Diploma request before June 2011 is not eligible for the express option.**  
Any express request revealing otherwise will be automatically reverted to the **regular** service.

**PLEASE WRITE CLEARLY IN BLOCK LETTERS**

1. NAME: \_\_\_\_\_

(While in College) First Middle Surname Mr/Mrs/Miss

2. PRESENT ADDRESS: \_\_\_\_\_

3. CONTACT NO.: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. YEARS YOU ATTENDED COLLEGE: From: \_\_\_\_\_ to: \_\_\_\_\_

5. TEACHING PRACTICE COMPLETED AT: \_\_\_\_\_

6. **STUDENT I.D. NUMBER** (while in college): \_\_\_\_\_

7. **Programme of study:** Diploma - Early Childhood F/T  P/T  Eve F/T  Primary  Secondary  
Degree - Early Childhood  F/T  Eve F/T  Primary  Secondary  
BEASP  CITE

If Secondary, indicate area(s) of specialization \_\_\_\_\_ and \_\_\_\_\_

7a. If so, indicate level: Pass  Credit  Honours

7b. Date of Certificate / Diploma/Degree: Month \_\_\_\_\_ Year \_\_\_\_\_

8. ADDRESS FOR DISPATCH OF TRANSCRIPT (s): (Continue on back if there's not enough space)

1. _____	2. _____
_____	_____
_____	_____
_____	_____
_____	_____

9. PAYMENT ENCLOSED: Local \$ \_\_\_\_\_ Overseas \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Date Time AM PM

**NB: For request made after 12:00 noon, the first working day for processing will begin the following day**