

APPLICATION FOR REPLACEMENT CERTIFICATE



Replacement certificates are only issued if the original certificate has been lost, destroyed or damaged. A Statutory Declaration stating the circumstances of the loss, destruction or damage to your certificate must accompany this application together with a AUD\$100.00 fee. The Statutory Declaration should be signed by a Justice of the Peace, Notary Public, staff of an Australian Embassy or solicitor currently on the roll of practitioners. Applications omitting these items cannot be accepted. Damaged certificates must be surrendered with this request. After processing this application, a replacement certificate will be issued and forwarded to you by registered mail or DHL courier overseas. The documentation can initially be faxed to us to commence the process, however the replacement parchment will not be released until we receive the original documentation by mail.

If an original parchment is found after replacement, it must returned to the Graduations Office.

Please note that a replacement certificate will not be identical to the original, and will be issued in the name of the original awarding institution, and in the name printed on the original certificate. Replacement certificates are available only to graduates of the University of Adelaide, the former City Campus of the South Australian College of Advanced Education and Roseworthy Agricultural College.

Name _____ Date of birth _____

Postal Address _____

City _____ Post Code _____

Telephone (Work) _____ (Home) _____

Email _____

Date Award Completed _____ Date Award Conferred _____
(Month / Year) (Month / Year)

Award Title _____

Awarded at _____ (Name of Institution)

Statutory Declaration Enclosed (please tick)

I declare that the information I have supplied in this application is complete and correct.

Signature _____ Date _____

Payment details

Please complete appropriate section in BLOCK LETTERS

Student Name (in full)

Student Number

Credit Card Authority for University of Adelaide replacement parchments

Please charge my Bankcard Mastercard Visa

Card Number

Cardholder's details Mr / Mrs / Ms / Miss Family Name..... Given Name.....

Expiry date __ / __ Amount AUD \$..... Signature

Cheque Details

Drawer Bank Branch Amount AUD \$

Please send complete form to:

Student Finance, The University of Adelaide, SA 5005, AUSTRALIA

Facsimile: + 61 8 8303 6445

Telephone: + 61 8 8313 0899