



SHORTWOOD TEACHERS' COLLEGE TRANSCRIPT REQUEST FORM

Telephone: 1-876-924-1095-7; Fax: 1-876-969-5440

OFFICIAL USE ONLY
Date Received: _____
Date Processed: _____

NAME OF APPLICANT:
(as used in College)

SURNAME	FIRST	MIDDLE
MARRIED NAME	Date of Birth: _____ / _____ / _____	
	DD MM YYYY	ID # _____

AREA OF SPECIALIZATION

Secondary Education

OPTION

Early Childhood Education

Primary Education

PROGRAMME

B.Ed

B.Ed (Advanced Credit)

Post-Grad Diploma
(Professional Studies)

Diploma

Certificate

Number of copies needed: _____

Have you applied for a transcript before? _____

STATUS	YEARS ATTENDED
<input type="checkbox"/> Full Time	_____
<input type="checkbox"/> Part Time	to

OFFICIAL TRANSCRIPT – Please indicate the **Name, Department, Faculty** and **Address** of the **Institution(s)** to be placed on the envelope for mailing.

1. _____ _____ _____ _____	2. _____ _____ _____ _____
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NOTE: The Applicant is responsible for the correct address and the transcript will be mailed accordingly.
This copy can only be collected if it is requested along with an Unofficial (Student's) copy of your transcript.

UNOFFICIAL TRANSCRIPT – This transcript **cannot** be sent or given to an Institution and will be stamped Student's Copy. Please indicate the **Name** and **Address** of the **Student** requesting this transcript.

Transcript to be **mailed** or **collected** Date of Request: _____

Contact TelephoneNo(s): _____ Signature: _____

Applicant's Email: _____ Amount Paid: _____

COST PER COPY:
 Collected: **JMD\$500.00** Posted Locally: **JMD\$750.00** Posted Overseas: **JMD\$1000.00; US\$12.00**

PREPARATION TIME FOR TRANSCRIPT:

REGULAR: 10-12 BUSINESS DAYS ***EXPRESS:** 5 BUSINESS DAYS

*(Attracts an additional
JMD\$200.00; US\$2.00)

Signature & Date (upon collection): _____