



CIPRIANI COLLEGE OF LABOUR & CO-OPERATIVE STUDIES

TRANSCRIPT APPLICATION

Please note the following:

- Processing takes approximately seven (7) working days
- Records prior to 1999 will take longer to process as this data is in storage
- Transcripts cost fifty dollars per copy
- You are required to submit one form per request
- A transcript will NOT be issued if you have not received financial clearance.
- National Identification card must be presented when collecting transcript

Complete form in BLOCK LETTERS

Surname:		First Name:	
Student I.D. #:		Current Address:	
Telephone (Home):	Telephone (Mobile):	Telephone (Work):	

Tick the appropriate box.

Programme Name:

<input type="checkbox"/> Occupational Safety & Health	<input type="checkbox"/> Environmental Management	<input type="checkbox"/> Credit Union Management
<input type="checkbox"/> Co-operative Studies	<input type="checkbox"/> Project Management	<input type="checkbox"/> Emergency Management
<input type="checkbox"/> Human Resource Management	<input type="checkbox"/> Security Administration & Management	<input type="checkbox"/> Marketing & Public Relations
<input type="checkbox"/> Industrial Relations Practice	<input type="checkbox"/> Occupational Safety, Health & the Environment	<input type="checkbox"/> Industrial Relations
<input type="checkbox"/> Labour Studies		

Tick the appropriate box:

<input type="checkbox"/>	Bachelor	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Certificate

Insert the appropriate year below

Commencement year of programme: _____

Completion year of programme: _____

Tick the appropriate box and write in the information where necessary.

<input type="checkbox"/> Rush processing – available within 2 days (cost \$75)	<input type="checkbox"/> I will collect my transcript/s
<input type="checkbox"/> I have included an official attachment	<input type="checkbox"/> Please mail transcript/s (TT Post) to: _____ _____
	<input type="checkbox"/> Please FedEx transcript/s (additional cost, \$300) to : _____ _____
	<input type="checkbox"/> Someone will collect on my behalf

I authorize _____ to collect my transcript/s

Signature of applicant:

Date:

FOR OFFICIAL USE ONLY

FISCAL AFFAIRS		
Amount paid:	Receipt #:	
Outstanding Fees	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G.A.T.E. Clearance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Accounting Assistant _____		
Date: _____		
Accountant I: _____		

Date: _____

LIBRARY		
Overdue Fines	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Book Outstanding	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Librarian II: _____		
Date: _____		