

REQUEST FOR REPLACEMENT CERTIFICATE & TRANSCRIPT FORM



Instructions:

This form may take you 5 minutes to complete. You are advised to read the following terms and conditions carefully before completing the form.

- 1) Only applicable for courses solely awarded by TMC Academy.
- 2) Requests for replacement of certificates will only be accepted if the original has been stolen, lost or damaged.
- 3) A non-refundable fee of **S\$100.00** (exclusive of GST) will be charged for each certificate/transcript request.
- 4) Please allow 7 - 10 working days for the processing of your application. You will be contacted once your replacement copy is ready for collection.
- 5) Replaced certificates/transcript will be indicated as "Reprint"
- 6) Replaced certificates/transcript not collected within 90 days of application will be discarded
- 7) The Certificate will not be issued to students with outstanding fees in TMC Academy

Student Details

Full Name : _____ NRIC/FIN : _____
(at the time of award)
Course : _____ Student ID : _____
Award Date : _____ Tel : _____
E-mail address : _____

Request *(Please put a tick (✓) in the relevant box below)*

- Replacement of Certificate.
 Replacement of Transcript.

Reason *(Please put a tick (✓) in the relevant box below)*

- Damaged - I will surrender my damaged original to the Examinations Office upon issue of the replacement certificate.
 Stolen/Lost - I will return the replaced copy to the Examinations Office in the event that the original certificate is found.

Declaration: I confirm that the particulars and information furnished in this form and any accompanying documents are true and accurate to the best of my knowledge, and I have not willfully suppressed any material fact.

Signature of Applicant: _____ Date _____

FOR OFFICIAL USE:

<i>Student Services & Support</i>	<i>Examinations</i>
Attended by _____	Original Serial No.: _____ Dated: _____
Receipt No.: _____	Replaced Serial No.: _____ Dated: _____
Amt Paid: _____ Receipt Date: _____	Processed by: _____

ACKNOWLEDGEMENT FOR COLLECTION OF REPLACEMENT CERTIFICATE

Name: _____ Signature: _____ Date: _____

All Information provided to TMC will be kept strictly confidential except for those required under statutory requirements and by government authorities and relevant university partners and accreditation bodies as part of the regulatory or course requirements.