

UNIVERSITY OF TECHNOLOGY, JAMAICA

STATUS APPLICATION FORM

Is this the first request for the applicant? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] (N.B. "Applicant" is the owner of the document)			If no, give date of application
Name under which last registered at CAST/ UTech: Mr./Mrs./Miss	Last	First	Middle
Current Mailing Address:			Date of Birth: Month / Day/ Year
Tele: Home:	Fax No.	E-mail:	Id. No.
Work: Cell:			Previous Id. No
Programme & Specialization	Start Date: Month / Year	End Date: Month / Year	Date of last <u>final</u> or resit exam
Give full name and address where document is to be sent (place same information as in box below):			
Did you receive a CAST/UTech certification? If yes, indicate			
Master s [<input type="checkbox"/>] Degree [<input type="checkbox"/>] Diploma [<input type="checkbox"/>] Ass. Degree [<input type="checkbox"/>] Certificate [<input type="checkbox"/>] Statement [<input type="checkbox"/>] Incomplete [<input type="checkbox"/>]			
If other, specify			
<p>PLEASE NOTE:</p> <ol style="list-style-type: none"> 1. Cost is J\$700.00/US\$12.00 2. Processing time is 15 working days 3. The timely processing of your document is dependent on the accuracy and completeness of the information supplied. 4. Indicate method of dispatch: * Courier Service [<input type="checkbox"/>] * Fax [<input type="checkbox"/>] Ordinary Mail [<input type="checkbox"/>] (* attracts additional costs) 5. Express & Same Day requests are available to persons registered from Academic Year 00/01 to present 			
Amount paid at Accounts	Receipt No. & Date	Date of Request	Signature of person completing form
FOR OFFICIAL USE ONLY (Date Sent)	Signature of Dispatch Clerk		Financial Clearance Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

Give full name and address where document is to be sent. Complete one form for each mailing address.

PLEASE WRITE CLEARLY IN BOX BELOW
