

Registrar's Office | Email: ask@mohawkcollege.ca | Tel: 1.844.767.6871 | 135 Fennell Ave. W. Hamilton, ON., L9C 0E5

**Section A: Student Information**

<b>Student Name:</b> <i>(First, Middle, Last)</i>		<b>Previous Name:</b> <i>(if applicable)</i>	
<b>Student Number:</b>		<b>Date of Birth:</b>	
<b>Home Phone:</b>		<b>Alternate Phone:</b>	
<b>Email Address:</b>			
<b>Home Address:</b> <i>(Apt #, Street, City, Province)</i>			<b>Postal Code:</b>
<b>Reason for Replacement/Status of Original Copy:</b>			<b>Do you still have the original credential in your possession?</b> No                      Yes

<b>Signature:</b>	<b>Date Signed:</b>
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**Section B: Graduation Information**

<b>Name of Program You Graduated From:</b>	
<b>Date Graduated:</b>	<b>Campus Attended:</b>

**Section C: Payment & Delivery Options - Credential Replacement Fee \$30.00**

<b>Delivery Options:</b>	<b>Mail</b> <i>(To Address Listed Above)</i>	<b>Pick-Up</b> <i>(From Registrar's Office - Photo ID Required)</i>		
<b>Payment Options:</b>	<b>Online</b> <i>(Credit Card)</i>	<b>Online Banking</b>	<b>In-Person</b> <i>(Debit/Credit/Cheque)</i>	<b>Mail</b> <i>(Cheque)</i>

**SECTIONS BELOW ARE FOR OFFICE USE ONLY**

<b>Front Line Staff</b> <i>(Detail Code: TR04)</i>	<b>Grad Status Confirmed</b> <i>(Do not accept payment until confirmed)</i>	<b>Fee Collected by:</b>	<b>Date:</b>
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**FOR SPECIALIST USE ONLY**

<b>Convocation/Records Use</b>	<b>Student Name:</b>		
	<b>Program Name:</b>		
	<b>Diploma Date:</b>	<b>Honours</b>	<b>Co-op</b>
	<b>Credential:</b>	<b>Liabilities Cleared</b>	
	<b>Processed By:</b>	<b>Date:</b>	<b>Mail                      Pick-Up</b>
	<b>Notes:</b>		