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Request for Replacement Testamur

A statutory declaration outlining the circumstances of the loss or of damage to the testamur and payment **MUST** be returned with this form to the address at the bottom of the page. The request will not be processed otherwise.

Section A Graduate Information

Student ID No

Family Name Given Name(s)

Mailing Address:
.....

Email address or contact number:.....

Section B Details of Request

Course Undertaken:.....

Campus/Place of Study:.....

Graduation Date:.....

Section C Charge for Request

Cost \$65.00 (incl. GST) per testamur. Replacement Testamur will be posted by registered post. An additional charge of \$15.00 is applicable if international postage is required.

Section D Graduate's Signature and payment

You must return the completed request for Replacement Testamur with the original Testamur or a Statutory Declaration.

Graduate Signature Date

This form should be posted to Graduation Office, PO Box 456, Virginia, QLD 4014 along with a cheque or money order made out to 'Australian Catholic University' or please complete the details below. (Note: Please allow fourteen [14] days for processing)

Credit Card Authority Details Visa Mastercard

Card Number:.....

Name on Card:

Expiry Date: Amount:.....

Contact number:.....

Signature of Cardholder: