National University of Science and Technology

ADMISSIONS AND STUDENT RECORDS

DUPLICATE DEGREE CERTIFICATE APPLICATION FORM

Name (Full Names):_____

Student Number: _____

Contact Address:_____

_____

Email address:_____ Cell:_____

Degree Programme: _____

I wish to apply for a **Duplicate** of my Degree Certificate.

Reason (s) for Replacement (*please attach separate sheet(s) if necessary*)

_____

_____

NB* Please note that a Duplicate Certificate will ONLY be issued at the next Graduation

Signature of Student: _____ Date: _____

OFFICIAL USE ONLY

SAR, ADMISSIONS SIGNATURE _____ **DATE:**_____

Replacement Approved ☐   **Replacement Not Approved** ☐