NORTHERN CARIBBEAN UNIVERSITY

Mandeville, Jamaica W.I. (876) 963-7260, (876) 625-7609 (fax) transcripts@ncu.edu.jm

OFFICIAL TRANSCRIPT REQUEST FORM

Instruction

There is a **minimum** preparation period of ten (10) working days on transcript requests. Transcripts will not be released until account is paid in full and will be sent <u>*directly*</u> to the Institution/Company.

Please note the following:

- The first requested copy after graduation is free.
- Cost for each copy thereafter is based on the area for submission:
 - Jamaica JA\$500.00
 - Americas and the Caribbean US\$15.00
 - England & Europe US\$25
 - Africa US\$35.00
 - Far East US\$40.00
 - Faxed copies JA\$180.00 (flat rate)
 - Current Students JA\$250.00 per transcript
 - Courier Fee contact NCU Records (by email or telephone)

Payment Options

- Paymaster/Bill Express A/C# 5166101
- NCU Cashier A/C# 5166101
- International Money Order Make payable to "Northern Caribbean University"

Student Information (Please PRINT legibly in all fields)						
ID Number(s)	First Name		Last N	Last Name		
Other names used	Middle Name		Maide	Maiden Name		
Course of Study	Major				Minor/Emphasis	
Current Mailing Address						
Telephone (Home) Tel	ephone (Mobile)	Email A	.ddress(es)			
 I completed my studies. 		• I am a current student				
Date of Graduation		• The period I last attended was				
 I did not complete m 			Semester	Session	Module	Year
Student's Signature		I	Date			

Transcript Processing Information (Please PRINT legibly in all fields)				
First Request	Number of Copies	Process Transcript : O with current grades		
O Yes	O 1	O End of current semester/session/module		
O No	O 2	O After Graduation		

Transarint Delivery and Delivery Method (places DDINT legibly in all fields)				
Transcript Delivery and Delivery Method (please PRINT legibly in all fields)				
Official Copy (bears	Official Copy (bears the University Seal and the University Registrar's Signature)			
o Mail	Name of Individual/Position			
Transcript				
	Institution/Company Name			
	Institution/Company Address			
 Fax a copy 	Name	Fax #	Verification Number (phone #)	

Transcript Delivery and Delivery Method (please PRINT legibly in all fields)			
2 nd Official Copy (if applicable) bears the University Seal and the University Registrar's Signature			
• Mail Transcript	Name of Individual/Position		
	Institution/Company Name		
	Institution/Company Address		
 Fax copy 	Name	Fax #	Verification Number (phone #)

Personal Copy (Unofficial Transcript bears the University Records Stamp, and the words "unofficial student copy"

- I will collect my personal copy
- Mail the personal copy to my current address

FOR OFFICIAL USE ONLY Finar	ncial Clearance (to l	be completed by the Office of Student Finance)	
 Account paid 	0	Transcript may be released	
 Account not paid 	0	Transcript may not be released	
• Special arrangements made			
Signature of Student Finance Personne	l Date		

	FOR RECORDS (OFFICE USE ONLY -
Request Received (Date)		Request Acknowledged (Date)
1	× /	
Corres	spondence sent regarding:	Notification Medium:
0	Outstanding balance	o Email
0	Incomplete address	• Phone #
0	Insufficient information	o Letter
0	Missing signature	• Other
0	Insufficient payment for this request	
0	Other	Notification Date:
Transc	ript:	
0	Faxed	
0	Mailed	
0	Sent by courier	Date Sent