THE UNIVERSITY OF WINNIPEG
PROFESSIONAL, APPLIED AND CONTINUING EDUCATION

Request for Transcript &/or Certificate/Diploma

PLEASE PRINT CLEARLY

Last Name | First Name | Middle Name | Gender: ☐ Female ☐ Male

Mailing Address | Date of Birth (MM/DD/YYYY)

City | Postal Code | Email

Home Telephone | Cellular Telephone | Business Telephone

Program Information:

Program Area: _____ Certificate/Diploma Achieved: _____
Choose Certificate/Diploma

Year of most recent registration: _____ (Pre year 2000 course work see additional charges)

Transcript/Certificate/Diploma for:

☐ **PICK UP** **MAIL** ☐ Student address (as listed above) ☐ Institutional address (as listed below)

Name or Department: _____

Institution: _____

Mailing Address: _____

☐ Transcript Cost: ……..……..……..……..……..…… $13.00

☐ Each additional transcript (ordered at the same time): …….…… $ 5.00 X ___

☐ Pre year 2000 Transcript cost: ……..……..……..……..…… $25.00

☐ Each additional Pre year 2000 Transcript: ……..…… $ 5.00 X ___

☐ Certificate/Diploma Cost: (each): ……..……..…… $70.00 X ___

Number of documents ordered: _____ Total Cost: $ _____ _____

OFFICE ONLY

Rct #: _____

Date: _____

Staff: _____

☐ Cash ☐ Cheque ☐ Interac ☐ Credit Card ☐ Visa ☐ MasterCard

Card No. Expiry Date

DOCUMENTS WILL BE PREPARED ONCE FEE IS PAID

Please note:

1. Documents are normally completed within five to ten working days. (Pre year 2000 transcripts within 20 working days)
2. Documents will not be issued if student has an unpaid account with the University.
3. A separate form must be completed for each additional mailing address.
4. Photo I.D. must be presented when picking up documents.
5. Student must submit written consent if s/he want someone else to pick up their documents.

_____ _____

Signature ***Date***

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