



**BARBADOS COMMUNITY COLLEGE
REQUEST FOR TRANSCRIPT/ACADEMIC RECORD
& COURSE OUTLINE**

Date:	_____
Rcpt#:	_____
\$ Pd:	_____

(PLEASE COMPLETE ALL FIELDS PRINTING IN BLOCK CAPITALS ONLY)

STUDENT NUMBER:.....DATE OF BIRTH:.....
 (Mr/Mrs/Miss) SURNAME:.....FIRST NAME:.....OTHER NAME(S):.....
 NAME WHILE AT COLLEGE.....TEL.NO:.....
 ADDRESS:.....
 E-MAIL ADDRESS:.....GRADUATION DATE:.....

PERIOD(S) OF ENROLLMENT	PROGRAMME(S)/COURSE(S) TAKEN

EACH TRANSCRIPT/ ACADEMIC RECORD WILL BE PROCESSED AT A COST – BDS \$10.00.

NUMBER OF TRANSCRIPTS REQUIRED:

FAXED EMAIL URGENT

Transcripts to be: Collected Mailed

NUMBER OF ACADEMIC RECORDS REQUIRED:

Records to be: Collected Mailed

NUMBER OF DETAILED COURSE OUTLINES: _____

ADDITIONAL CHARGES	BDS
URGENT TRANSCRIPT REQUEST	\$20.00
EMAIL – TRANSCRIPT/RECORD	\$ 5.00
DETAILED COURSE OUTLINE	\$20.00
FAX - USA, UK, CANADA	\$10.00
FAX - GREATER EUROPE	\$15.00
FAX - CARIBBEAN	\$ 5.00

MAILING INSTRUCTIONS

NAME & ADDRESS OF INSTITUTION (REQUIRED)	NAME & ADDRESS OF INSTITUTION (REQUIRED)
1 _____ _____ _____ _____	2 _____ _____ _____ _____
FAX # _____	FAX # _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

SPECIAL INSTRUCTIONS

Hold for end of _____ Semester grades Hold for final Bachelor Degree/Associate Degree/Diploma/Certificate results

ADDITIONAL INFORMATION:.....

SIGNATURE:..... DATE:.....

IMPORTANT INFORMATION

1. If you are financially indebted to the College, **NO** transcript/record will be issued until the obligation has been fulfilled.
2. Transcripts are mailed directly to Colleges, Universities and/or Institutions. If requested, they may **ONLY** be collected in a sealed envelope.
3. The College will **NOT** accept responsibility for processing errors as a result of inaccurate or incomplete information which was submitted in the request. Fees are non-refundable once the transcript has been processed.
4. **TRANSCRIPT(S) NOT COLLECTED WITHIN FOUR WEEKS WILL BE POSTED.**

Signature & Date (For Collections Only)

