

Credential Replacement Form

Allow 4-6 Weeks for Processing

Registrar's Office | Email: ask@mohawkcollege.ca|Tel: 1.844.767.6871 | 135 Fennell Ave. W. Hamilton, ON., L9C 0E5

		Section A: Student	: Information		
Student Name: (First, Middle, Last)				Previous Name: (if applicable)	
Student Number:			Date	Date of Birth:	
Home Phone:			Alter	Alternate Phone:	
Ema	il Address:				
Ноп	ne Address: (Apt #, Stre	not City Province		Postal Code:	
ПОП	ie Audiess. (Αρί #, 5116	et, city, Province)		Fostal Code.	
Reason for Replacement/Status of Original Copy:				Do you still have the original credential in your possession?	
				No Yes	
Signature: Date Signed:			Date Signed:		
Nan	ne of Program You Gra	Section B: Graduation	on Information		
IVali	ie di Fiografii Tou Gio	auuateu rioiii.			
Date	e Graduated:	Campus Attended:			
				_	
		Section C: Credential Option, P	Payment & Delivery Op	otion	
Prin	nt Copy: \$30.00	Section C: Credential Option, P Mail (To Address Listed Above)		p tion gistrar's Office - Photo ID Required)	
	nt Copy: \$30.00 ital Copy: \$15.00	Mail (To Address Listed Above)	Pick-Up (From Reg		
Digi		Mail (To Address Listed Above) MyCreds (You will receive an email from	Pick-Up (From Reg	gistrar's Office - Photo ID Required)	
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