



ONLINE DIPLOMA REQUEST FORM

SECTION 1: REQUEST TYPE

Select from below the required item(s) with a tick [✓]

Online Diploma Proctored Exam

State Diploma /Proctored Exam _____

SECTION 2: APPLICANT'S INFORMATION

Complete the below using BLOCK letters.

NAME: _____
(Surname) (First) (Middle initial)

ADDRESS: _____ PARISH _____

TRN: _____ Tel. No: _____ Cell: _____

EMAIL: _____

SECTION 3: REQUEST PROCTERED EXAM OR A DIPLOMA

*Complete the below with Unit name associated with above Diploma
Indicate request by [✓] for ALL proctored exams or for issuance of a UCC Online Diploma.*

A.

No.	List All Units	Completed Online Exam	Proctored Exam	Fee Paid to UCC
1.				
2.				
3.				
4.				
5.				
6.				
7.				

B. *UCC Online Diploma. Indicate below to confirm all unit exams completed.*

Request issuance of UCC Online Diploma

SECTION 4: METHOD OF PAYMENT (Please tick one)

Non-refundable Certificate Fee: \$3,000.00 (Payable at time of request)

Provide copy of receipts and indicate: Payment Date: _____

Credit Card/Debit Manager's/Company Check Cash Other _____

Email all receipts and online certificates for each unit to UCC Corporate Education at corporate_edu@ucc.edu.jm

TERMS AND CONDITIONS

Absence from the schedule exam without prior notice will attract a re-scheduling fee. UCC reserves the right to reschedule an exam where the occasion necessitates. In this event, UCC will accommodate individuals within the current semester, where appropriate, without penalty. **(Proctored Exam Only)**

I hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this Online Diploma Request Form are genuine.

I understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.

Signature of Applicant ----- Date: -----

OFFICE USE ONLY

Ensure all required documents have been received and validated. Submit request to appropriate departments.

Certificate for each unit completed **Number of certificate presented** _____

Diploma Processing Fee receipt

Officer Signature ----- Date: -----

Position: -----

Authorized Signature ----- Date: -----

Position: -----