



**THE UNIVERSITY OF THE WEST INDIES**  
**CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN, BB11000, BARBADOS**  
**FACULTY OF LAW**

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**REQUEST FOR REPLACEMENT OF CERTIFICATE OF PARTICIPATION**  
**IMPORTANT**

1. The current cost for a replacement Certificate is **BDS\$100**
2. Payment may be made by cash to the Bursar's cashier at the Cave Hill Campus, or cheque, or by Bank Draft, or International Money Order, made payable to the University of the West Indies and forwarded to the Faculty of Law for delivery to the Campus Bursar.
3. Proof of payment must be provided when submitting this form to the Faculty of Law.
4. If you request your certificate to be mailed, the policy of the University of the West Indies is that certificates will only be mailed via **Courier Delivery** and you are responsible for the cost of the Courier service. Please be advised that Courier Delivery requires a detailed address, i.e. Street address, since courier delivery is not made to a Post Office Box.
5. Please print all required information **CLEARLY** on this form.

I completed the Certificate programme at the University of the West Indies, Cave Hill Campus under the name:

Mrs/Ms/Mr.: \_\_\_\_\_  
(Surname) (First Name) (Middle Initials)

Copy of Original Certificate Attached: Yes  No

**CERTIFICATE OF PARTICIPATION:**

Programme Title: \_\_\_\_\_ Period of Study: \_\_\_\_\_

**TO OBTAIN:**

I will collect the replacement certificate when completed

I authorize \_\_\_\_\_ to collect my replacement certificate.  
*(This person must present adequate identification.)*

Please courier to below address:

\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COLLECTED BY/MAILED: \_\_\_\_\_ DATE: \_\_\_\_\_