



UNIVERSITY OF BELIZE

**APPLICATION FOR TRANSCRIPT FROM REGISTRAR'S OFFICE**

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3. **Name (as it appears on permanent record):**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

4. **Date of Birth:** \_\_\_\_\_ **Your contact #** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

5. **Student ID #:** \_\_\_\_\_ **Program:** \_\_\_\_\_

6. **Program start date:** \_\_\_\_\_ **Program completion date:** \_\_\_\_\_

7. **Institution attended/attending:**

☐ University of Belize

☐ Bliss School of Nursing

☐ Belize Technical College

☐ University College of Belize

☐ Belize Teachers' College

☐ Belize College of Agriculture

☐ BELCAST

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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- Email or Express fee (additional cost)- \$20.00
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