



## 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: \_\_\_\_\_

**ACCOUNTS OFFICE INFORMATION**

Receipt No. \_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant's Signature)

Amount Paid: \_\_\_\_\_

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**We are not responsible for any documents that are not retrieved within one academic semester.**

- All completed forms should be submitted or emailed to the Records Office ([records@ub.edu.bz](mailto:records@ub.edu.bz)) and copied to the Account Receivables Office ([ar@ub.edu.bz](mailto:ar@ub.edu.bz)) for payment (payment receipt should be submitted along with form).
- Transcript cost - \$20.00
- Email or Express fee (additional cost)- \$20.00
- For payment guidelines see: [Student Portal](#)