



APPLICATION FOR REPLACEMENT CERTIFICATE/DIPLOMA

Replacement Fee: \$15.00 for Program Certificate/Diploma
\$5.00 for Course Certificate

NAME:

_____	_____
Last (Family) Name	Former Last Name
_____	_____
First Name	Middle Name
_____	_____
Date of Birth	Phone Number

ADDRESS:

_____	_____	_____
Number	Street	Apt.
_____	_____	_____
City	Province	Postal Code

STUDENT #: _____ **TELEPHONE:** _____

EMAIL: _____

PROGRAM OF STUDY: _____

CAMPUS: _____ **GRADUATION YEAR:** _____

SIGNATURE: _____ **DATE:** _____

Payment Method:

1. Select - Pay a bill
 2. Click "Add a payee"
 3. Then add "St. Clair College" as the payee
 4. Your account # is your student number, which is 7 digits -- remove the "W" in front (if 8 digits are required, please add an extra zero to the front)
 5. Enter the amount you wish to pay
 6. Click "ok"
- Please allow 3-5 business days for the college to receive your payment