

REQUEST FOR REPLACEMENT TESTAMUR / CERTIFICATE



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

We will replace testamurs (certificates) for award courses **if they have been destroyed, damaged, stolen or lost**. The replacement testamur will have a statement at the bottom that indicates that it is a replacement testamur and the date on which the replacement was issued. The testamur will be printed in the current University format.

You must provide supporting evidence, such as a copy of a Police Report or Fire Report detailing the theft or loss. If an official report is not available **you must complete the Statutory Declaration** on the reverse of this form **detailing the reasons why a replacement is being requested** (i.e. what happened to your original testamur) and send all pages by mail to the address below. Faxed or emailed forms will not be accepted.

To replace a testamur due to damage or name change as the result of marriage, divorce or deed poll you must return the original testamur. In cases of name change, you must also provide original or certified copies of relevant documentation to support your specific situation e.g. Birth Certificate, Marriage Certificate, Notice of Dissolution of Marriage, Change of Name Certificate.

PROCESSING TIME

If your course was completed after 2000, the replacement should be available in two to three weeks. If your course was completed prior to 2000, it may take up to eight weeks to process the request due to the need to search through the archives.

COST

The cost of a replacement testamur for an award course is AUD\$155.00. You can pay by bankdraft/bankcheque/personal cheque (made payable to Victoria University) or credit card. **PLEASE NOTE We do not accept American Express or Diners Club cards.** If you need your replacement testamur posted, a postage fee applies for it to be sent by registered mail within Australia, standard Airmail overseas or by International courier. Please refer to the attached payment form.

PLEASE NOTE A replacement Letter of Completion can be requested at a cost of AUD\$15.00. If your course was completed prior to 2000, it may take up to eight weeks to process the request due to the need to search through the archives.

Please write in BLOCK LETTERS using a black or blue pen.

FAMILY NAME: _____ STUDENT ID: _____
GIVEN NAME: _____ DATE OF BIRTH: ____/____/19____
OTHER NAMES: _____
HOME PHONE: _____ MOBILE: _____
EMAIL ADDRESS: _____

Please indicate your course code below (complete as many details as possible):

VU COURSE CODE: _____ DATE COMPLETED: _____ AWARD NUMBER: _____
AWARD TITLE: _____
INSTITUTION WHERE COMPLETED (ie. VIC UNI, WMIT, FIT): _____

I have read the information and instructions above and the Privacy information below. I have completed the Statutory Declaration on the reverse of this form detailing the reasons why I am requesting a replacement certificate (ie. what happened to my original certificate).

STUDENT SIGNATURE: _____ DATE: ____/____/20____

CONTACT

Enquiries [ASKVU www.vu.edu.au/askvu](http://www.vu.edu.au/askvu)
Phone +613 9919 6100
Web www.vu.edu.au/current-students

STUDENT SERVICE CENTRES

City Flinders
City King
Footscray Nicholson
Footscray Park
Melton
Newport
St Albans
Sunshine
Werribee

MAIL TO

Assessments and Graduations Office
St Albans Campus
Victoria University
PO Box 14428
Melbourne VIC 8001

PRIVACY INFORMATION

We collect your personal information in accordance with the Privacy Statement for students (www.vu.edu.au/current-students/student-essentials/commonly-used-forms) and the Privacy Policy (www.vu.edu.au/privacy).

DECLARATION

I (NAME): _____

OF (ADDRESS): _____

IN THE COUNTRY OF: _____ DO SOLEMNLY AND SINCERELY DECLARE THAT:

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE.

DECLARED AT: _____

IN THE COUNTRY OF: _____

THIS _____ DAY OF _____ (MONTH), TWO THOUSAND AND: _____

SIGNATURE: _____

BEFORE ME, NAME: _____

POSITION: _____

INSTITUTION/COMPANY: _____

SIGNATURE: _____

OFFICIAL STAMP:



DECLARATION TO BE WITNESSED AND STAMPED BY AN AUTHORISED PERSON SUCH AS A JUSTICE OF THE PEACE, SOLICITOR, POLICE OFFICER, PHARMACIST, PRINCIPAL, COURT OFFICIAL ETC.

PAYMENT

You can pay by bankdraft/bank cheque/personal cheque (made payable to Victoria University) or credit card. Please complete the payment details at the bottom of this form if you are paying by credit card and post this form to the Graduations office. If you want to pay by bankdraft/bankcheque or personal cheque, you need to post your cheque and this form to the Graduations office. We will not send your items until your cheque has cleared.

Please write in BLOCK LETTERS using a black or blue pen.

FAMILY NAME: _____ STUDENT ID: _____

GIVEN NAME: _____

CONTACT DETAILS

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____ PHONE: _____ MOBILE: _____

CREDIT CARD HOLDER'S DAYTIME CONTACT DETAILS: _____

PAYMENT DETAILS (PLEASE TICK WHAT YOU WANT TO PAY FOR - ALL PRICES LISTED ARE IN AUSTRALIAN DOLLARS (AUD))

ITEM	PRICE	TOTAL	OFFICE USE ONLY Please circle relevant code
<input type="checkbox"/> Postage of Testamur – Domestic (GST)	\$20.00	\$	COPH / COPT
<input type="checkbox"/> Postage of Testamur – International (Standard Airmail) (GST)	\$25.00	\$	COPH / COPT
<input type="checkbox"/> Overseas Courier (GST)	\$65.00	\$	COPH / COPT
<input type="checkbox"/> Recall of archived Testamur (6 months after award conferral) (GST)	\$20.00	\$	GRATH / GRATT
<input type="checkbox"/> Re-issued Official Letter of Completion (After award conferred - \$6 each subsequent copy) (no GST)	\$15.00	\$	PLOCH / PLOCT
<input type="checkbox"/> Replacement Testamur/Certificate (no GST)	\$155.00	\$	RTH / RTT
TOTAL	\$		

STUDENT SIGNATURE: _____ DATE: ____ / ____ / 20____


PLEASE COMPLETE THE FOLLOWING PAYMENT DETAILS IF YOU ARE PAYING BY CREDIT CARD

Enter credit card details below and tick appropriate box (PLEASE NOTE that we do not accept American Express or Diners Club cards).

VISA MASTERCARD EXPIRY DATE: ____ / ____ / ____ CVV NUMBER: ____

NAME OF CARDHOLDER: _____ CONTACT NUMBER: _____

SIGNATURE OF CARDHOLDER: _____ AMOUNT: AU\$ _____ CODE (OFFICE USE ONLY): _____



CREDIT CARD NUMBER: ____ / ____ / ____ / ____

**Note: Dispose/shred credit card number details immediately after the transaction has been approved.