

Qualification Statement Request Form (No fee applicable)

SUBMISSION INSTRUCTIONS: please email your request to sreo@ucc.ie or post to the address above.

Surname: _____ First Name: _____

(As when registered in UCC)

Student Number: _____ Contact Telephone Number: _____

(If known)

Date of Birth: _____ Email: _____

(DD/MM/YYYY)

Course(s) Undertaken:

Postal Address for Qualification Statement

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*Alternatively, you can authorise a relative or friend to **collect** your Qualification Statement*

Name of person collecting your Qualification Statement: _____

PDF Copy required Yes No

If yes, relevant email address: _____