

CSR 03

APPLICATION FOR REPLACEMENT OF DEGREE/DIPLOMA CERTIFICATE

CENTRAL STUDENT RECORDS

College of Humanities

College of Health Sciences

Tel: (031) 260-8598

E-mail: CentralStudentRecords@ukzn.ac.za

College of Law and Management Studies

College of Agriculture, Engineering & Sciences

Tel: (031) 260-8598

E-mail: CentralStudentRecords@ukzn.ac.za

M W MAKGOBA ADMIN. BUILDING

WESTVILLE CAMPUS

STUDENT INFORMATION

| | | | | |
|--|----------------|---------------------|-------------|--|
| STUDENT NO: | | | | |
| SURNAME: | | TITLE: | | |
| FIRST NAMES: | | | | |
| ID/PASSPORT NO: | | | | |
| TEL.NO: | CELL NO: | | | |
| E-mail address: | | | | |
| DEGREE/DIPLOMA FOR WHICH CERTIFICATE IS REQUIRED (e.g., BA): | | | | |
| Campus where you studied: | | Year of completion: | | |
| Collect/Post (please indicate your choice with X) | COLLECT | | POST | |
| POST (Please provide address) | | | | |
| COURIER COLLECTION: If you opt for courier collection, please arrange with your courier company at your own expense and provide them with your written consent. Once the arrangements are made, provide us with the waybill number: | | | | |

Student Signature..... Date



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

IMPORTANT INFORMATION:

- 1. Applications will be processed within 10 working days.**
- 2. The process might take longer for students who graduated before 1989.**
- 3. Any alterations/amendments to student particulars, i.e., forename(s) or surname, shall remain and be reprinted as per the graduation ceremony program. Such alterations/amendments are not done retrospectively.**

Steps to complete the application form [on or off campus]:

1. Fill in the form
2. Deposit money into the bank account (details below), or take the form to Student Debtors, pay at Cashiers, and kindly return the forms to the Student Records Office.
3. Complete the attached affidavit and get it commissioned.
- 4. Email the completed application form together with proof of payment, and a certified copy of your ID or Passport not older than three months.**

NOTE:

- a) The fee of **R390-00** (*applicable for 2026 only*) per degree/diploma must accompany this application form. (See banking details below.)
- b) Students can apply for a maximum of 5 certificates at a cost of **R390.00** each.
- c) No refund if it is found that there are Fees outstanding in your student account.
- d) Please submit the following: A certified copy of your ID and Proof of payment slip.
- e) Email the completed form and proof of payment to the Central Student Records Office, email to CentralStudentRecords@ukzn.ac.za**

BANKING DETAILS:

Local Students

| | |
|-----------------|---|
| Bank: | Standard Bank |
| Name: | University of KwaZulu-Natal |
| Account number: | 053080998 |
| Branch Name: | Westville |
| Branch Code: | 045426 |
| Ref No. : | 2188-30156 and your full name and surname. |

International Students

| | |
|-----------------|--|
| Bank: | Standard Bank |
| Name: | University of KwaZulu-Natal |
| Account number: | 053082826 |
| Branch Name: | Westville |
| Branch Code: | 045426 |
| Ref No. : | 2188-30156 and your full name and surname |

International students must use the Swift Code: **SBZAZAJJ**

AFFIDAVIT

(You are requested to produce your ID Book when completing this affidavit)

I, Identity number:

(Print full names)

the undersigned do hereby state that the reason (s) for which I wish to apply for a duplicate degree/diploma certificate(s) from the University of KwaZulu-Natal is/are the following:

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.....

DEPONENT

I hereby certify that the Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at on this day of 2..... The regulations contained in Government Notice No.R1258 of the 21st day of July 1972, as amended, having been complied with.

.....
COMMISSIONER OF OATHS

STAMP

FULL NAME:

OFFICE:

ADDRESS: