



All courses that you completed at PCU-WHS appear on one transcript at a small charge of \$15.00 per copy issued.
This includes courses which may be incomplete, or to which did you not receive a passing grade.
There is no need to order a copy for each course completed at the University.

| SUBMIT YOUR REQUEST | | | | |
|---|--|--|--------------|-------------------------|
| EMAIL | Save a Copy or Scan and email to education@pcu-whs.ca | | | |
| FAX | 778-421-0823 | | | |
| MAIL | Registrar's Office, 4755 Cherry Creek Road, Port Alberni, BC V9Y 0A7 | | | |
| STUDENT CONTACT INFORMATION | | | | |
| STUDENT NUMBER | BIRTH DATE (MM/DD/YY) | | PHONE NUMBER | |
| FIRST NAME | | LAST NAME | | |
| MAILING ADDRESS | | | | |
| CITY | PROV | POSTAL CODE | | |
| REQUEST DETAILS- Indicate how many copies you require and where to send them | | | | |
| \$15.00 (One copy) | HAND DELIVER TO: CERTIFICATION COUNCIL C/O NATIONAL INSTITUTE OF DISABILITY MANAGEMENT AND RESEARCH (NIDMAR) 4755 CHERRY CREEK ROAD PORT ALBERNI, BC V9Y 0A7 | | | |
| X \$15 per copy | TO | | | |
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| | CITY | POSTAL CODE | | |
| DELIVERY METHOD- Choose one of the following if you require transcripts to be sent somewhere other than NIDMAR (for example another organization or to yourself) | | | | |
| Mail to the address above (via Canada Post) | | Courier to the above address (additional charges will apply) | | |
| CHOOSE PAYMENT METHOD- Payment must be submitted at the time of the request | | | | |
| VISA | MASTERCARD | AMEX | VISA DEBIT | Total Charges \$ |
| CREDIT CARD NUMBER | | | EXPIRY DATE | CVV CODE |
| NAME ON CARD | | | DATE SIGNED | |
| SIGNATURE OF CARD HOLDER | | | | |