

DUPLICATE PARCHMENT REQUEST FORM

Please complete this form and return to:

Examinations Office, Munster Technological University, Rossa Avenue, Cork.

The completed form must be submitted with the following:

- Completed Statutory Declaration (attached) signed by a Commissioner for Oaths.
- Cheque/postal order/bank draft (made payable to MTU) for the amount of **€65** (fee per parchment)

I wish to request the issue of a duplicate parchment in respect of my MTU award. In addition to the application form, I enclose the statutory declaration and the appropriate fee.

My details are as follows:

Full Name:

Address:

Contact Phone No.

Email Address:

Date of Birth:

Student No. (if known)

Year of Conferring:

Course Studied:

*** Please note that the word DUPLICATE will appear on the new parchment ***

For Official Use:

Date Received:

Payment Method:

STATUTORY DECLARATION

I, _____, of _____,
(full name) (address)

aged 18 years and upwards, do solemnly and sincerely declare that:

1. I am one and the same person on whom the: *(tick appropriate box)*

National/Higher Certificate (Level 6) ☐

National Diploma/Bachelor Degree (Level 7) ☐

Honours Bachelor Degree (Level 8) ☐

Masters Degree (Level 9) ☐

Doctor of Philosophy Degree (Level 10) ☐

in _____ was conferred in the year _____
(award discipline area) (year) by

Munster Technological University, and that I was the recipient of the said parchment.

2. The said parchment of which I was the recipient has been lost and despite careful and exhaustive searches cannot be located. I therefore believe it to have been irretrievably lost or destroyed.
3. I hereby request that a duplicate be issued to me by Munster Technological University, by way of replacement.

AND I make this solemn declaration conscientiously believing that the same to be true for the benefit of the Institute and by virtue of the Statutory Declaration Act, 1938.

TO BE COMPLETED BY A COMMISSIONER FOR OATHS:

Declared by _____ on this _____ day of _____ 20____
(Declarant's name) (date) (month) (year)

in the City/County of _____ before me, a Commissioner for Oaths/Practising
(county)

Solicitor/Peace Commissioner, and I verify the identity of the Declarant.

Stamp:

Signed:

(Commissioner for Oaths/Practising Solicitor/Peace Commissioner)

Address: _____

Tel. No. _____