UNIVERSITY OF CAPE COAST
Directorate of Academic Affairs

UNDERTAKING FOR THIRD PARTY (COURIER SERVICE) PICKING OF CERTIFICATE

1. I hereby declare that I have authorized **(*Name of the courier service provider*)**…….
   ……....; courier services to sign and collect my degree/diploma certificate (s) on my behalf
2. I also hereby agree and undertake to pay the full cost of this transaction to the service provider indicated in 1 above;
3. I attach clearance chit from the Directorate of Finance indicating that I have been cleared of any fees including graduation fee;
4. I also hereby undertake to insulate the University from being held responsible in case of loss of the certificate (s) in transit.

Name of past student:.....

Registration Number:.....

Programme of Study:.....

Year Admitted: .....

Year completed: .....

Current Address: .....

.....

Signature of past student: .....

Date: .....

COURIER SERVICE REPRESENTATIVE

NAME:…….....GHANA CARD NO:.....

ADDRESS:…… ……..

E-MAIL/TELEPHONE NEMBER:…….……..……

SIGNATURE: ……..…

DATE:…….……..…

OFFICE USE ONLY

SIGNATURE: ……..

DIRECTOR OF ACADEMIC AFFAIRS

DATE:……