

University of the Virgin Islands Access and Enrollment Services <u>Replacement Degree Application</u> INSTRUCTIONS: Please print or type this form. One application form per degree.

Print	legal name: First			Middle		Last		
ID#_		Gender	М□	F□	Date of Birth			/
Curre	ent Mailing Address:					MM	DD	YYYY
	P.O. Box/Street Addre	ess						
City	State	Zip Code						
	Telephone# (Daytime	e)						
Email	Address:							
	INDIC Master of Arts in Bus		ation					
	Master of Arts in Edu							
	 Master of Arts in Psychology Master of Marine and Environmental Sciences Master of Arts in Public Administration 							
	Bachelor of Science	N	lajor(s)					
	Bachelor of Arts	Ν	lajor(s)					
	Associate of Science	Ν	lajor(s)					
	Associate of Arts	N	lajor(s)					
	CAMPUS	St. Croix						

FEES: [All fees are non-refundable]

Replacement Degree \$25.00

Date:_____

Student's Signature:

All completed applications <u>must</u> be submitted to the Office of the Registrar on St. Thomas Campus.

Mailing

Access and Enrollment Services, Office of the Registrar, #2 John Brewers Bay, St. Thomas, VI 00802

Email Address: registrar@uvi.edu

Fax (340) 693-1167