

SHORTWOOD TEACHERS' COLLEGE

77 Shortwood Road, Kingston 8 Telephone: 1-876-924-1095-7/ Fax: 969-5440

Email: registry@shortwood.edu.jm **STATUS LETTER REQUEST FORM**

	SURNAME		FIRST NAME	MIDDLE NAME	
-	ID#	Email:		Applicants Phone #	
_	Collected \$200 Mailed (lo		ocally) \$300	Mailed (overseas) \$550	
	y forwardNo. of copie	s	ter (s) / recommendation (s) to	:	
NOTE AREA		oonsible for th	PROGRAMME B.Ed.	ion(s) to be on the envelope for mailing tent will be mailed accordingly. STATUS letter should include:	
	OPTION EARLY CHILDHOOD EDUCATION PRIMARY STATUS FULL TIME PART TIME YEARS ATTENDED		 ■ B.Ed. Transition ■ B.Ed. (ADVANCED CREDIT) ■ B.Ed. Primary ■ (LA/SS) ■ POST-GRAD DIPLOMA (Professional Studies) 		
□ F				Recommendation to be prepared by:	
 			□ DIPLOMA□ CERTIFICATE□ C.O.S Programme	Name of Lecturer	
	to		☐ ASSOCIATE DEGREE ☐ CITE	Department	
I ha	ve enclosed \$	for i	the preparation of the above docur	l nent(s) Amount Paid.	
	UPON REQUI	es <i>t</i>	UPON PREPARATION	UPON COLLECTION	
	SIGNATURE (App	plicant)	SIGNATURE (Staff)	SIGNATURE	
	Date			 Date	

^{*}Status letter/ Recommendation request form