



RHODES UNIVERSITY
Makhanda • 6140 • South Africa

ACADEMIC ADMINISTRATION

Tel: +46 603 8213 • Fax: +46 603 8104 • e-mail academicadmin@ru.ac.za

REPLACEMENT DEGREE/DIPLOMA PARCHMENTS - RHODES UNIVERSITY

Your enquiry refers,

To apply for a replacement parchment, you are required to complete the affidavit *pro forma* that we have provided you with (please find attached), **in the presence of a Commissioner of Oaths**. In addition, each replacement parchment costs R760.

On receipt of the completed affidavit and the proof of payment of the necessary fee your request will be processed. The replacement parchment will be couriered to you ***three to six weeks from the receipt of both the affidavit and the payment***. **Please note we use the courier address detail on the affidavit and you must include a telephone number.** Kindly email or post your affidavit and proof of payment to Academic Administration, so that we may process your replacement parchment.

Our bank account details are as follows:

Bank:	First National Bank
Branch Code:	210717 (Makhanda)
Account Name:	Rhodes University
Account No.:	62145503076
Reference:	GL 05140798183 and your student number (you can email the Student Bureau to check your student number registrar@ru.ac.za if you cannot remember it or are not sure if it is correct).

Please feel free to contact the undersigned should you require any additional information.

Please note that the names that appeared in your graduation programme will be the names printed on your replacement parchment as this is a replacement of the original i.e. if your maiden name appears in the graduation programme your maiden name and not your married surname will appear on the parchment.

Yours sincerely

ACADEMIC ADMINISTRATION

Rhodes University
P.O. Box 94
Makhanda
6140
Fax: +27 (0)46 603 8104
E-mail: academicadmin@ru.ac.za



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AFFIDAVIT

*** Please delete the inapplicable section(s)*

I, _____
(Full name)

of _____
(Full Street Address for courier purposes – Please **NO PO Box addresses are accepted**)

(Telephone Number and e-mail Address)

do hereby make oath and say:

1. That I am the holder of a _____
Degree/Diploma/Certificate of Rhodes University, awarded in _____ (year). My
student number was _____.

2. That my major subjects were _____

****3.** That the said Degree/Diploma/Certificate has been damaged and is attached to this Affidavit.

****4.** That the said Degree/Diploma/Certificate has been lost or destroyed and cannot be found
although diligent search has been made therefore.

****5.** That the circumstances of the loss or destruction are as follows:

6. That I do hereby apply for the issue to me of a replacement Degree/Diploma/Certificate.

7. That in the event of the University issuing to me a replacement Degree/Diploma/Certificate,
I do hereby indemnify the University against any loss or damage the University may sustain
hereby.

SIGNATURE OF THE HOLDER OF THE DEGREE/DIPLOMA/CERTIFICATE

.....
I certify that the Deponent has acknowledged that he/she knows and understands the contents of this
affidavit which was signed before me at

_____ on this _____ day of _____ 20 _____, in
compliance with the Regulations contained in Government Notice No. 1258 dated the 21st July 1972
as amended by Government Notice No. 1648 dated 19th August 1977.

SIGNATURE OF THE COMMISSIONER OF OATHS

Full Names _____
Designation _____
Full Address _____

*Official
Stamp*