



University of the Virgin Islands
Access and Enrollment Services
Replacement Degree Application

INSTRUCTIONS: Please print or type this form. One application form per degree.

Print legal name: _____
First Middle Last

ID# _____ Gender M [] F [] Date of Birth ____/____/____
MM DD YYYY

Current Mailing Address:

P.O. Box/Street Address

City State Zip Code

Telephone# (Daytime)

Email Address: _____

INDICATE DEGREE RECEIVED

- [] Master of Arts in Business Administration
[] Master of Arts in Mathematics for Secondary Teachers
[] Master of Arts in Education
[] Master of Arts in Psychology
[] Master of Marine and Environmental Sciences
[] Master of Arts in Public Administration
[] Bachelor of Science Major(s) _____
[] Bachelor of Arts Major(s) _____
[] Associate of Science Major(s) _____
[] Associate of Arts Major(s) _____

CAMPUS

- [] St. Thomas [] St. Croix

FEES: [All fees are non-refundable]

- Replacement Degree \$25.00

Date: _____

Student's Signature: _____

All completed applications must 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

Fax

(340) 693-1167