

DIPLOMA REORDER FORM
THE REGISTRAR'S OFFICE

DATE STAMP & INITIAL HERE

A FEE OF \$15 MUST ACCOMPANY THIS FORM

PLEASE ALLOW THREE TO FIVE WEEKS FOR DELIVERY
PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW
YOUR DIPLOMA WILL BE MAILED TO THE ADDRESS BELOW

STUDENT ID: _____ PHONE NUMBER: _____
LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DEGREE TERM: _____ E-MAIL: _____

Please indicate your degree objective below. (Please check only one):

- BACHELOR OF ARTS
- BACHELOR OF SCIENCE
- MASTERS OF ARTS
- MASTERS OF BUSINESS ADMINISTRATION
- MASTERS OF PUBLIC ADMINISTRATION
- MASTERS OF SCIENCE
- OTHER: _____

Indicate the Major or Majors for which the above degree is applicable:

MAJOR: _____ SECOND MAJOR: _____
MINOR: _____

Your name on your reorder diploma will appear exactly as it does on your original diploma. If your name has changed since the issuance of your original diploma, please submit a Name/Address Change Request form to the Registrar's Office.

Sign and date this request:

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

The above date/degree has been verified and is correct.					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Changes have been made as shown above					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Institutional Honors		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Departmental Honors		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verifier's Signature:					Date:		