



Diploma Reorder Request

Date _____	Student ID# _____	
Name _____ (PRINT name exactly as you want it to appear on your diploma-Your name must match what we have on record)		
Street _____		
City _____	State _____	Zip _____
Phone _____	Birth date _____	
Email _____		
Degree earned _____	Date earned _____	

Delivery Options:

I will pick my diploma from the Enrollment Services Office-Main Hall, Room 154.

Please mail my diploma to the address below.

Diploma Mailing Information (PLEASE PRINT LEGIBLY)

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

If there are any holds on your record, a diploma will not be issued until all holds are cleared.

****Due to printing schedules, please allow 4 to 6 weeks for receipt of diploma. ****

*****Please note that there is a fee to reorder diplomas. You must pay the fee before your diploma is ordered. Please inquire within for information about the reordering fee. *****

Office Use Only:	Date Received: _____	Entered by: _____	Date: _____
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