

REPLACEMENT DIPLOMA ORDER FORM

OFFICE OF THE REGISTRAR, UNIVERSITY OF MICHIGAN



Name (as it should appear on the diploma)

Last Name First Middle

Former/ Maiden Name (If you were registered at the University of Michigan under a former/maiden name, and wish your diploma to reflect your current name, a photocopy of a legal document i.e., driver's license, court order, social security card, or marriage license must be provided.)

Last Name First Middle

Identification

Student ID or SSN Date of Birth

School or College Field of Study

Degree Received Date of Graduation (MM/YY)

Email Telephone

Diploma Size

- 8 ½ x 11" \$15
- 11 x 14" \$30
- 15 ¾ x 22" (Medical School only) \$75

Please note: Diplomas from the School of Dentistry and Law School are only available in the 11 x 14" size for \$30. Medical School diplomas are only available in the 15 ¾ x 22" size for \$75. All other diplomas may be ordered as either 8 1/2 x 11" or 11 x 14".

Send Diploma

Name _____
Address _____
City _____
State and Postal Code _____
Country _____

Please return this form in person to Student Services, 2200 SAB or B430 Pierpont Commons, or mail/fax the form to the address/fax number below. Please allow 3 to 4 weeks for delivery of replacement diploma.

Diploma Department
Office of the Registrar
University of Michigan
500 S. State St., 1210 LSA Bldg.
Ann Arbor, MI 48109-1382
Phone: 734.763.9066
Fax: 734.764.5556
ro.umich.edu

Payment

Make check or money order payable to the University of Michigan.

Cash Check Money Order

Amount Enclosed

Visa Mastercard Discover

Credit Card Number

Expiration Date

Billing Address

I authorize a total of \$ _____ to be charged.

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