

# 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, 1207 LSA Bldg. 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                      3 Digit CVC Code

Billing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

s@V° uyk- \7#° k) =\Q -k k-j y@-)