

# 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 2202 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., LS&A Suite 5000  
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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