

# MEDICAL DIPLOMA REPLACEMENT ORDER FORM

OFFICE OF THE REGISTRAR, UNIVERSITY OF MICHIGAN



This form is for the replacement of Medical School diplomas (M.D.) only. All other diplomas may be ordered online at <https://ro.umich.edu/graduation/diplomas>.

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

**The replacement fee for a Medical diploma is \$75.00.**  
**The standard size is 15 3/4 x 22". Size substitutions not available.**

Check or money order should be made payable to the University of Michigan.  
We cannot accept checks or money orders from non-U.S. banks.

Credit Card Payment. We accept Visa, MasterCard or Discover. We do not accept American Express.

## Send Diploma

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State and Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

Please return this form in person to Wolverine Services, 2200 SAB or 2202 Pierpont Commons, or mail/fax the form to the address/fax number below. Please allow four 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.

**SIGNATURE OF CARDHOLDER REQUIRED**