

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 Student 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