

DIPLOMA REPLACEMENT REQUEST

UOG STUDENT ID #: _____ BIRTHDATE: _____

FULL NAME: _____
LAST FIRST MIDDLE MAIDEN (IF APPLICABLE)

MAILING ADDRESS: _____

EMAIL: _____ PHONE #: _____

DEGREE EARNED: _____ YEAR EARNED: _____

MAJOR: _____

I WISH TO HAVE MY NAME APPEAR ON MY DIPLOMA AS FOLLOWS: (PLEASE PRINT)

DELIVERY:

SELF PICK-UP OR MAY RELEASE TO: _____

TO BE MAILED (ADDITIONAL FEES APPLY): _____

FEES:

DIPLOMA - \$49

MAIL TO U.S.A. - \$15.60 (UNDERGRADUATE) / \$20.50 (GRADUATE)

*POSTAL RATES TO INTERNATIONAL DESTINATIONS VARY. PLEASE CONTACT ADMISSIONS AND RECORDS OFFICE FOR CURRENT FEE.

SIGNATURE: _____ DATE: _____

AMOUNT RECEIVED: _____ RECEIPT NO.: _____ INITIALS: _____ DATE: _____