

# REPLACEMENT DIPLOMA ORDER FORM

❖ NAME AS YOU WISH IT TO APPEAR ON THE DIPLOMA:

\_\_\_\_\_

❖ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

❖ DEGREE \_\_\_\_\_

❖ COLLEGE \_\_\_\_\_

❖ DATE OF GRADUATION \_\_\_\_\_

❖ DID YOU RECEIVE HONORS? IF SO PLEASE CHECK:

CUM LAUDE\_\_\_ MAGNA CUM LAUDE\_\_\_ SUMMA CUM LAUDE\_\_\_

❖ DO YOU WISH TO: \_\_\_ PICK UP YOUR DIPLOMA  
\_\_\_ HAVE IT MAILED

❖ PHONE # TO CALL WHEN READY: ( ) \_\_\_\_\_ - \_\_\_\_\_ (required information)

❖ IF MAILED:  
SEND DIPLOMA TO: \_\_\_\_\_

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

**THE REPLACEMENT FEE IS \$25.00 (MAKE CHECKS PAYABLE TO UNIVERSITY OF VERMONT).**

❖ REASON FOR REPLACEMENT:  
\_\_\_ CORRECTION  
\_\_\_ NEVER RECEIVED  
\_\_\_ ADDITIONAL COPY  
\_\_\_ OTHER \_\_\_\_\_

FOR OFFICE USE ONLY: PAID _____ NO CHARGE _____ BILL SENT _____
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