

REPLACEMENT DIPLOMA ORDER FORM

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

❖ ID NUMBER OR SSN _____

❖ 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 NUMBER _____ (required information)

❖ ADDRESS, IF MAILED:

THE REPLACEMENT FEE IS \$25.00 – PAYMENT MUST BE BY CHECK, MONEY ORDER OR CASH. PLEASE MAKE PAYABLE TO UNIVERSITY OF VERMONT.

❖ REASON FOR REPLACEMENT: ___ CORRECTION
___ NEVER RECEIVED ___ ADDITIONAL COPY
___ OTHER _____

FOR OFFICE USE ONLY:

PAID _____
NO CHARGE _____
BILL SENT _____