



REPLACEMENT / DUPLICATE DIPLOMA REQUEST

Please print your name **exactly** as you wish it to appear on your diploma and underline your surname. If your name is different from that on your original diploma, proof of name change must be provided. As well, please enclose written confirmation that you wish all of your records to be changed to your new name. NOTE: PLEASE PROVIDE PROOF OF NAME CHANGE IF APPLICABLE.

Name:

STUDENT NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

YEAR OF GRADUATION: Spring ____ or Fall ____ 19____ 20 ____

DEGREE/DIPLOMA/CERTIFICATE RECEIVED: _____

DIPLOMA CHARGE: **\$50.00**, Please check one, _____ Pickup or _____ Mailed
(Money required prior to ordering - **Cheque is payable to the UNIVERSITY OF WINDSOR**)

STUDENT'S SIGNATURE: _____ DATE: _____

NOTICE - COLLECTION OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of the University of Windsor Act, 1962, and University of Windsor, Senate By-Law 31. It is collected for the purpose of administering the university / student relationship including the provision of confirmation of graduation from the university. A detailed Notice of Disclosure can be found at www.uwindsor.ca/fippa Questions about the collection of this information can be directed to: Director of Registrarial Services at 519-253-3000 or registrar@uwindsor.ca

OFFICE USE ONLY

MONEY RECEIVED: _____

RECEIPT NUMBER: _____

Return to: Nina Russell, Convocation Coordinator, Office of the Registrar, University of Windsor, Windsor, ON, N9B 3P4

(Please allow two to three weeks for delivery)