

REPLACEMENT / DUPLICATE DIPLOMA REQUEST

LAST NAME:	FIRST NAME	MIDDLE NAME (S)
Name to appear on diploma	(If different from above)	
LAST NAME:	FIRST NAME	MIDDLE NAME (S)
	t on your original diploma, proof on that you wish <u>all</u> of your records t	of legal name change must be provided. As well, to be changed to your new name.
DATE OF BIRTH:	STUD	ENT NUMBER:
STREET:		CITY:
PROVINCE:	COUNTRY:	POSTAL
CODE: EMAIL ADDRESS:		TELEPHONE
NUMBER: YEAR OF GRAD	UATION: Spring or	Fall 19 20
TITLE OF DEGREE/DIPLO	MA/CERTIFICATE RECEIVE	ED:
DIPLOMA CHARGE: \$50.0 Please check one: Pic		
SHIPPING CHARGE FOR M \$25.00 Canada \$60.00	MAILED DIPLOMAS: will be o	couriered
To make a payment via on-line	king (Canadian Bank Account) be banking, add the University of tional payment options Click H o	Windsor as a payee. Use your student ID number as
Once payment appears on you processed.	ır student account or proof of pa	ayment has been received, your request will be
Pick-Up Information: You wi Chrysler Hall North 401 Sun Office hours: www.uwindsor.	set	is ready for pick-up from the Registrar's Office
Completed form can be email	ed to: shari@uwindsor.ca	
STUDENT'S SIGNATURE:		DATE:
Law 31. It is collected for the confirmation of graduation from the u	collected under the authority of the Universe of administering the	versity of Windsor Act, 1962, and University of Windsor, Senate B university / student relationship including the provision re can be found at < <u>www.uwindsor.ca/fippa></u> Questions about 53-3000 or registrar@uwindsor.ca

OFFICE USE ONLY: MONEY RECEIVED: _____ DATE:____