

\$15.00 FEE REQUIRED
SOUTHWEST BAPTIST UNIVERSITY

OFFICE OF THE REGISTRAR
PHONE 417.328.1606
FAX 417.328.1996

REQUEST FOR REPLACEMENT DIPLOMA

Please complete, sign and return this form along with a payment of \$15.00
for each replacement diploma to:

*Office of the Registrar, Southwest Baptist University
1600 University Avenue, Bolivar, MO 65613*

PLEASE NOTE:

1. There is a \$15.00 fee per replacement diploma. The payment must be received prior to processing a request. Payment must be included with this form.
2. Replacement diplomas should be mailed approximately two (2) weeks after receipt of the request and payment.

PLEASE CAREFULLY PRINT YOUR RESPONSES:

Date of Graduation (semester and year): _____

Degree Received: Associate Bachelor's Master's Specialist Doctorate

Major/Specialization: _____

Student Identification Number: _____

NAME

TYPE or PRINT name EXACTLY as it is to appear on the diploma, clearly indicating spacing and capitalization.

FIRST _____

MIDDLE _____

MAIDEN (optional) _____

LAST _____

SUFFIX (optional) _____ (JR., SR., II, IV, etc.)

DIPLOMA MAILING ADDRESS Do not leave blank- the diploma will be mailed to this address.

Street/Box _____ City _____ County _____ State _____ Zip Code _____

Telephone Number (including area code)

E-Mail Address:

(home) _____

(work) _____

*The student understands that depending on the graduation date,
the diploma may not be the exact replica of the original document.*

FOR OFFICE USE ONLY:

_____ Fee Received _____ Honors

Mailed (Date/Initials):

STUDENT SIGNATURE _____

DATE _____