



University of the Incarnate Word
 Office of the Registrar
 4301 Broadway, CPO 304
 San Antonio, Texas 78209
 Phone: (210) 829-6006

Diploma Replacement/Duplicate and Expedite Request Form

Complete this form to request a replacement/duplicate diploma and/or to expedite diploma shipment. Note that the diploma will be mailed to the address provided on this form. Also note that diplomas are ordered the first week of every month and shipped thereafter.

Fees (payable in advance): Replace/Duplicate = \$30.00 Expedite = \$100.00

STUDENT INFORMATION

Name: _____
Last/Family (include maiden, if applicable) First/Surname Middle

Student ID (if known): _____ Date of Birth: _____
MM/DD/YYYY

Email Address: _____ U.S. Phone Number: _____

Address: _____
Street (Apt./Unit #)

City State/Province Zip/Country Code Country

In the space below, record your name exactly as you want it to appear on your diploma

DEGREE INFORMATION

Degree Completion Month: **May** **August** **December** Year: _____

Degree Earned (select below):

Undergraduate			Graduate			Doctorate	
A.A.	B.A.	B.M.	M.A.	M.B.A.	M.S.N./M.B.A.	D.B.A	Ph.D.
A.S.	B.A.A.S.	B.S.	M.A.A.	M.B.S.		D.N.P.	PharmD
	B.F.A.	B.S.A.T.	M.A.T.	M.S.		D.O.	O.D.
	B.B.A.	B.S.N.	M.Ed.	M.S.N.		D.P.T.	

Your First Area of Study: _____

Studied as a (select one): **Major** **Concentration** **Specialization**

Your Second Area of Study: _____

Studied as a (select one): **Major** **Concentration** **Specialization**

Student Signature: _____ Date: _____

Registrar's Office Use Only

Order Date: _____ Receipt #: _____ Amount: _____

Notes: _____