OFFICE OF THE REGISTRAR



APPLICATION FOR REPLACEMENT DIPLOMA

Replacement diplomas reflect the I hereby certify that my origi	•		_			•	•	
NOTE: The original diploma mu replacement due to damage or a	st be return	ed to Dickir	son College w	- vith th	nis applic	cation when r	_	
Name on original diploma:								
First:	Middle:	_ Middle:			:			
Date of birth:		Deg	ree awarded	: [] B.A.	☐ B.S.		
Date of award:		Hor	ors awarded	ı: C	Yes	☐ No		
Mailing Address: A street address must be provid	ded. PO Box	c is not acc	epted.					
Street:								
City:		State:	Zip:		Cou	ntry:		
Telephone:		Email:						
		Date:						
For Name Changes Only								
Name changed to:								
First:	Middle:			Last:	·			
Subscribed and sworn by			this		day c	of		
Notary's Signature:	Notary's Seal							
In order to protect the integrity of the processed without your signature	ne diploma pro	ocess, we mi	ıst request verif Notary Public, a	fication as wel	n of your I as appro	identity. This ropriate forms o	equest cann	