REQUEST FOR REPLACEMENT DIPLOMA – Order Form

SUBMIT FORM TO:

Student Services Officer, Faculty of Theology, University of St. Michael's College 81 St. Mary Street, Toronto, ON M5S 1J4

For more information: Phone: 416-926-7140 or

 $\pmb{email:} \underline{\pmb{usmctheology.registrar@utoronto.ca}}$

PERSONAL INFORMATION			
Full Name:			
Surname		First Name	Additional Names
Former Name (if applicable)			
Student #:		D.O.B.:	
Address: (no P.O. Box if sending by courier)			
Street #	Street Name		
Unit/Suite/Apt. # City/Town/Municipality	Province/State	Postal Code/Zip Code	Country
Contact Information:			
 Day Time Phone #	Alternate Phone #		Email Address
DIPLOMA INFORMATION Degree Awarded:		Year of	f Graduation:
Reason for Replacement: not received 1	□ lost □ destroyed	☐ adopted a new name ☐ Ot	:her:
CHOICE OF DELIVERY (please select one optic I will personally pick up the diploma			to pick up my diploma
	on picking up the diplo	oma (proof of ID will be required)	to pick up my diploma
Signature of Graduate (original signature mar	ndatory)		Order Date
PLEASE NOTE: Replacement diplomas are issued at the same and the same are issued at the botton are issued at the botton.	of the current officials	5.	ı .
COSTS			
(Mandatory) Replacement diploma			Can¢80 00
(Delivery Options and the associated cost)			Canyou.uu
Pick up by person			_
Courier within Canada			•
Courier to the U.S.			Can\$55.00

PAYMENT MUST BE MADE AT TIME OF REQUEST

FOR OFFICE USE ONLY		
Amount Paid:		
Initials:		