WHEELOCK COLLEGE

Office of Academic Records and Registration

REPLACEMENT DIPLOMA REQUEST FORM

Please complete the requested information below and allow 4-6 weeks for processing of diploma requests.

Please read:

1. Please mail form to: Academic Records and Registration, Wheelock College, 200 Riverway, Boston, MA 02215. Requests cannot be faxed.
2. All financial obligations to the college must be met before a diploma can be released.
3. A fee of $45.00 is charged for each copy. Make check or money order payable to Wheelock College.
4. Complete instructions are available online at: http://www.wheelock.edu/reg/regfaq.asp.

_____
Today's Date

_____
Last Name First Name M.I. Former Name (name while attending Wheelock)

_____
Street Address (where diploma will be mailed) City State Zip

_____
Date of Birth Social Security Number (used to locate your record)

_____
Email address Phone number

_____
Signature (requests cannot be processed without an original signature)

DEGREE: _____

GRADUATION DATE: _____

NAME AS YOU WANT IT TO APPEAR ON DIPLOMA: _____

_____
For office use only

Received by Registrar _____ Ordered _____

Paid by _____