

Undergraduate/Graduate (Nursing, DMD, OD) Diploma Reorder/ Replacement

Name		St	Student Number		
**Name as you wish	it to appear on you	•	·	ve blank if you do not know it)	
Degree				– e (Term/year)	
Contact phone number		E	mail		
Mail diploma to:		(Name)			
		(Address)			
	(City)		(State)	(Zip)	
	Signature			Date	
Return request to:	Campbell Hall Office of the Regist 1300 University Blv Birmingham, Al	vd, Room 117A			

There is a charge of \$15.00 for each Undergraduate diploma and \$30 for each Graduate diploma. Please allow 4-6 weeks for delivery.

**All diplomas are reordered with original names. If your name has changed and you want it to appear on your diploma, please provide documentation with your form.

rstevens@uab.edu; online payment: www.uab.edu/payfortranscript