



SHEPHERD UNIVERSITY

Diploma/Certificate/Degree Request Form

Revised 10-12

3200 N. San Fernando Rd. Los Angeles, CA 90065 Tel: (323) 550-8888 Fax: (323) 550-1313 www.shepherduniversity.edu

NAME		FIRST	MIDDLE	LAST	OTHER NAME	
<input type="checkbox"/> STUDENT	<input type="checkbox"/> ALUMNI	DOB MM/DD/YYYY		STUDENT ID		SSN
<input type="checkbox"/> STAFF	<input type="checkbox"/> FACULTY	/ /				XXX - XXXX -

STREET		CITY	STATE	ZIP
CELL PHONE	HOME PHONE		E-MAIL	

SCHOOL	DEGREE	MAJOR

ADMISSION DATE	GRADUATION DATE
MM/DD/YYYY / /	MM/DD/YYYY / /

ITEM	PURPOSE	NO.	FEE
<input type="checkbox"/> Diploma (\$10.00 each)			\$
<input type="checkbox"/> Certificate (\$10.00 each)			
<input type="checkbox"/> Degree (\$10.00 each)			
TOTAL			\$

RECIPIENT'S ADDRESS			
Name of Institute			
Name of Person/Department			
Address			
City		State	Zip

* NOTE:

Verification form is not valid without below officers' confirmation signatures and the applicant's signature. Normal processing time is **SEVEN to TEN working days** after receipt of the completed form. Student must not have any existing holds or self-restrictions.

Applicant's Signature

_____ / /

Academic Office	Finance Office
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_____ / / _____ / /

Registrar (Received)	Registrar (Issued)
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