KECK GRADUATE INSTITUTE

of Applied Life Sciences

GRADUATE'S INFORMATION

REPLACEMENT DIPLOMA/CERTIFICATE ORDER FORM

Registrar's Office 535 Watson Drive, Claremont, CA 91711

Phone (909) 607-0109 • Fax: (909) 607-0150 • registrar@kgi.edu

Replacement diplomas/certificates are available to graduates who have no outstanding obligations (e.g. financial) to KGI. If you are requesting a diploma/certificate in a new name, you MUST include documentation of your legal name change. Documentation may include copies of a court order, a new passport, driver's license, marriage certificate, or other government issued identification.

Namo				
Name	Middle	Last		
Student ID (if Available)		Graduation Term/Year		
Degree/Certificate Type (e.g. MBS	5, PPM, PPC, PhD):			
If different, name while attending	g KGI (maiden name, etc.)			
(mm/dd/yy	and last 4 digits of soci	ar security #	 -	
Daytime Telephone ()	Email Addres	s*		
*Please provide an email address for con-	firmation when the diploma is received by KGI	(allow 4-8 weeks for delivery fr	om the time of your initial request).	
SPECIAL INSTRUCTIONS (check only one)				
O Replace diploma/certificate –	I am ordering a replacement diploma	in my name as it appear	s in KGI's current student rec	cords
•	n my current/new name – I am orderi nentation as verification of my legal no	•	a and request that it be issue	ed in my
PAYMENT INFORMATION				
O I have enclosed a check made	payable to "Keck Graduate Institute"	for \$25.00.		
MAILING INFORMATION				
-	l once the diploma/certificate is receivery. Allow six to eight weeks for deli		mailed to you via certified m	ail and a
Please provide a street address fo	or delivery:			
Name				
Numbe	r & Street			
City/Town	State/Province	Country	ZIP/Postal Code	
Signature (required)			Date	
By signing, I under	stand that my diploma/certificate will not	provided if I have outstand	ng financial obligations to KGI.	
KGI OFFICE USE Date Received:	Date Processe	d:	Initial	