



Chicago Campus
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800-383-3879
www.devry.edu

DIPLOMA STATUS/ DUPLICATE DIPLOMA REQUEST

Date: ____/____/20____

Please print clearly. The name printed here will appear on your diploma exactly as written.

Name: _____

DSI# _____

Last Enrolled Semester: _____

Mailing Address _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

Would you like your diploma mailed or would you like to be contacted to pick up your diploma?

(Check one) Mail _____ Pick Up _____

Reason for this request:

_____ Did not receive original diploma

_____ Incorrect information on diploma

_____ Requesting 2nd copy

_____ Other (please explain)

Deliver form to Registrar's Office SAC 114 or Fax to 773-929-6279.

***Please note that all students must surrender an incorrect diploma at the time they complete this form. Replacement diplomas take a minimum of 10 business days to arrive for pickup or mailing.**