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CERTIFICATION OF DEGREE - Order Form

Fields marked with an * are mandatory									
Personal Information									
*Full Name:	Surname	e:			First Name:		Additional Name(s):		Name(s):
Former Name (if a	pplicable	e):							
* Date of Birth:			Canadi	an Social I	nsurance Number:		University of Toronto Student Number:		
*Mailing Address: Street Number:					Street Name:	·			
Unit/Suite/Apartment:			City/To	wn/Munic	cipality:				Province/State:
Postal Code/Zip C				Country:					
*Contact Telephone Number:				Alternat	te Telephone Number:		*Em		ail Address:
Diploma Information									
* Degree Earned:				* Year of Graduation:					
* Faculty or School				*Department or College:					
Please Mail To (if different from address listed above):						Payment Information			
Full Name:				* Please check one of the following:					
Street Name:						Cash			
Unit/Suite/Apartment: City/Town/Munic				cipality:		Money Order/Bank Draft Certified Cheque (not personal)			
Province/State: Postal Code/Zip Code:		Code:	Country:		Fee: \$20.00 CAD per certification for each degree confirmed. * Prices subject to change without notification				
Attention Name:						* Please make payment payable to: The University of Toronto Last Revised: July 6, 2012			

Please return this form (with payment) to:
Office of Convocation, University of Toronto
Simcoe Hall, 27 King's College Circle, Room 102
Toronto, ON M55 1A1
Phone: (416) 978-3629 convocation.office@utoronto.ca

Office of Convocation - OFFICE USE ONLY								
Request Processed By:	Date:	Name on Diploma:						
		Degree Conferred:						
Mail In Person Delivered	Time:							
IVIAII Delivered		Citation:						
Amount Received:	Date:							
		Date of Conferral:						
Received By:								
Fee Received: Cash Money Order/Bank Draft	Certified Cheque	Please see over for the above information						