

Capital University

University Diploma Replacement Form (cost of \$25.00 per diploma)

1. Name to appear on Diploma _____
(please print)

2. Full Name _____

3. Previous Name(s) _____

4. Social Security # _____ / _____ / _____ (optional)

5. Current Address _____
street address

city, state & zip code

6. Phone: Mobile _____ Landline _____

7. E-Mail Address _____

8. Year of Degree Completion _____ (please approximate if not definite)

9. For which degree(s) do you want your diploma printed?

- Bachelor of Arts
- Bachelor of Social Work
- Bachelor of Music
- Bachelor of Science in Nursing
- Master of Business Administration
- Master of Science in Nursing
- Master of Music Education

(While degrees do appear, majors, minors and specializations are not printed on the diploma.)

Signature _____ Date _____

Make checks payable to Capital University in the amount of **\$25.00** per diploma and mail form to

Office of the Registrar
1 College and Main
Columbus, OH 43209
Telephone: 614-236-6150
Fax: 614-236-6753