

Certificate/Diploma/Degree Replacement Form

Name while attending College:			
Name (as you want it to appear on the degree/diploma/certificate):			
Address:Street / P.O. Box #		Apt#	
City	Province/State	Postal/Zip Code	
Phone Number: ()	Email	Email Address:	
Program of Study:	Year G	Year Graduated:	
amount.		se indicate below how you will pay for this	
☐ Cheque ☐ Money Ord	ler 🗖 Cash	☐ Credit Card (Complete section below)	
Name on the Charge Card:			
☐ Visa Card #		Exp	
☐ MasterCard #		Exp	
Signature of Card Holder:			
Mailing and/or alternate delivery (Please check ALL applicable boxes):			
☐ Hold for pick up ☐ Regular Mail ☐ Other: (Special delivery – please see Note below)			
NOTE: It may take up to 30 days to process this request since the document requires signatures of individuals who are not regularly at the Main Campus. If you need this document within two weeks of requesting it, you will need to pay any additional handling charges that are incurred by Master's in obtaining these signatures. If paying by credit card, your signature on this form provides permission to charge the additional expenses to your credit card. If paying by cheque or money order, please contact the Registrar's Office to determine the additional charges that will be incurred for providing this document within two weeks. Additional charges must be paid prior to the document being sent.			
Signature:	D	ate:	
Office Use Only			
Approved:Registrar	Date Se	nt:	
\$25.00 Fee Paid: Yes No Copy to File: Copy to Student: Copy to Director of Communications: Revised January 2014			