

University of Hawai'i - Windward Community College  
Admissions and Records Office  
45-720 Kea'ahala Road - Kāneohe, HI 96734

**DIPLoma REQUEST FORM**  
(ONLY for Duplicate Diploma or Reverse Transfer Initiative)

NAME: \_\_\_\_\_ UHID/User Name: \_\_\_\_\_  
(Print Last Name, First Name, MI)

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE NO.:(\_\_\_\_) \_\_\_\_\_ DIPLOMA TYPE:  English (\$15.00)  Hawaiian (\$15.00)  
AA, AS, CA, ASC-Hawn only

MAIL DIPLOMA TO: \_\_\_\_\_  
Print Address City State Zip Code

I AM REQUESTING A DUPLICATE DIPLOMA

Reason for Request: \_\_\_\_\_ Diploma Granted: \_\_\_\_\_ Degree/Major Granted: \_\_\_\_\_  
 Diploma lost or damaged Semester: \_\_\_\_\_  AA Liberal Arts  
 Other (specify): \_\_\_\_\_ Year: \_\_\_\_\_  Other (specify): \_\_\_\_\_

*The re-ordered diploma will print the original information (e.g. name, date conferred, program, degree) except the signatures will be of the present University of Hawaii administration.*

I AM REQUESTING A DIPLOMA VIA REVERSE TRANSFER INITIATIVE

Print your legal name clearly and exactly as you would like it to appear on your diploma, including spaces, punctuations, diacritical markings (examples: John Hawaii, John CK Hawaii, John C K Hawai'i, John C. K. Hawaii, John Chris Kringle Hawai'i)

\_\_\_\_\_ Print First Name \_\_\_\_\_ Print Middle Name or Initial(s) \_\_\_\_\_ Print Last Name

*I understand that I must be cleared of all financial obligation within the University of Hawaii System and the diploma fee be paid in full before this request is processed. This request is due on the last day of instruction of the current term. Allow 6-8 weeks after the current term ends for diploma (including diploma cover) to be mailed to above address.*

OFFICE USE ONLY	
<input type="checkbox"/>	SHADEGR
<input type="checkbox"/>	Fee Paid in Full
<input type="checkbox"/>	Date Ordered Diploma: _____
<input type="checkbox"/>	Financial Obligation cleared
<input type="checkbox"/>	Date Mailed Diploma : _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT SECTION**

Fee payment is required BEFORE request is processed. If paying in-person, go to the Admissions and Records Office **FIRST** before making payment at Cashier's Office between 8:00 am to 3:30 pm. Office is closed during State holidays and weekends. CHECK ONE:

- CASH
1. Must be paid in-person (cannot FAX request)
  2. Do not send cash via mail
- CHECK
1. Make check payable to University of Hawaii
  2. Check cannot be post dated
  3. Mail form with check to above address or pay in-person (cannot FAX request)

- CREDIT CARD
1. Complete Credit Card Information
- VISA  MASTER CARD

CREDIT CARD HOLDER'S NAME (Print Last Name, First Name, MI): \_\_\_\_\_

CREDIT CARD ACCOUNT NO.: \_\_\_\_\_

LAST 3 DIGIT SECURITY CODE (LOCATED BACK OF CARD): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO CHARGE: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

signature is required



2. Mail request form to above address
3. If paying in-person, must present Credit Card when making payment
4. If FAXING request form at (808) 235-7496 with Credit Card payment information, you are **REQUIRED to** call the Admissions and Records Office at (808) 235-7432 to confirm receipt of FAX