



Office of the Registrar

Request for Duplicate Diploma or Certificate

Date: _____ Name: _____ Student ID: _____

Former Name (If applicable): _____ DOB: _____ Grad Date: _____

Address _____ City _____ State _____ Zip Code: _____

Telephone # _____ Email address: _____

Name to be printed on Diploma/Certificate: _____

Students who attended prior to 1990:

Name of school at time of attendance:	
Graduation or Exit date (Month/year):	

Please select from the following duplicate diplomas/certificates:

	Doctor of Chiropractic Diploma	75.00
	Doctor of Acupuncture and Chinese Medicine Diploma	75.00

	Master of Acupuncture and Oriental Medicine Diploma	75.00
	Master of Science in Human Genetics & Genomics Diploma	75.00
	Master of Science in Medical Sciences Diploma	75.00
	Master of Science Physician Assistant Program Diploma	75.00

	Bachelor of Science in Health Sciences Diploma	75.00
	Bachelor of Science in Biological Sciences Diploma	75.00
	Ayurveda - Practitioner Certificate	50.00
	Ayurveda - Wellness Educator Certificate	50.00
	Massage Therapy Certificate	50.00
	Delta Sigma Certificate	50.00
	Dean's List Certificate	50.00
	Internship Certificate Location: _____	50.00

Sub-Total: _____

Shipping fee for Diplomas/Certificates (**only** if outside continental USA) \$ 20.00

Total: _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date received: _____ Payment Clearance Date: _____ Date Ordered: _____

Processed by: _____