



Office of the Registrar

ORDER FORM FOR DUPLICATE DIPLOMAS/CERTIFICATES

Student Name: _____ Date: _____

Address _____ Telephone # _____

City _____ State _____ Zip _____

Soc Sec # _____ - _____ - _____ Student # _____ Graduation Date: _____

Date of Birth: _____ Signature _____

Name as printed on certificates (if different): _____

Please order the following duplicate diplomas/certificates:

____ *Doctor of Chiropractic Diploma or Master of Acupuncture
And Oriental Medicine* \$75.00 ____

____ *Doctor of Chiropractic Diploma or Master of Acupuncture
And Oriental Medicine: with Honors* \$75.00 ____

____ Cum Laude ____ Magna Cum Laude ____ Summa Cum Laude

____ *Bachelor of Science* \$ 50.00 ____

____ *Delta Sigma Certificate* \$ 50.00 ____

____ *Deans List Certificate* \$ 50.00 ____

____ *Certificate of Internship:* \$ 50.00 ____

____ Whittier ____ Goodfellow ____ Glendale
____ La Habra ____ Thie ____ Anaheim

Sub-Total: _____

Shipment of diploma will require an additional fee.

Total: _____

Enclosed is my check in the amount of \$_____. I understand it will take 8 to 10 weeks for delivery.

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Ordered: _____

Payment: Cash ____ Check ____ Date of Cash Trans ____ By: _____

Date Mailed: _____ Certified Receipt # _____ R.R.R. _____