

# DIPLOMA REPLACEMENT REQUEST FORM

The personal information on this form is collected under the authority of the Royal-Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to process your request as identified on this form. For more information, please contact the Office of the University Registrar (Records and Services), Queen's University, Gordon Hall, 74 Union St., Kingston, Ontario, K7L 3N6. 613-533-2040.



<b>DATE:</b>		<b>STUDENT # :</b>	
<b>FULL NAME:</b>			
<b>PHONE or EMAIL:</b>			

<b>DEGREE GRANTED:</b>	<input type="checkbox"/> Honours <input type="checkbox"/> SSP <input type="checkbox"/> BA <input type="checkbox"/> BSC <input type="checkbox"/> BSCE <input type="checkbox"/> BED <input type="checkbox"/> BCOM <input type="checkbox"/> BPHE <input type="checkbox"/> BMUS <input type="checkbox"/> BFAH <input type="checkbox"/> BCMPH <input type="checkbox"/> BNSC <input type="checkbox"/> MA <input type="checkbox"/> MSC <input type="checkbox"/> MED <input type="checkbox"/> MPL <input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> MASC <input type="checkbox"/> MES <input type="checkbox"/> MENG <input type="checkbox"/> MIR <input type="checkbox"/> MAC <input type="checkbox"/> MBA <input type="checkbox"/> LLM <input type="checkbox"/> PhD <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> Other: _____
<b>DATE GRANTED:</b>	DAY / MONTH / YEAR _____ / _____ / _____
	<b>Concentration:</b> _____

BY MAIL: Payable by cheque or money order to "Queen's University"  
 IN PERSON: Payable by cash, debit, cheque or money order

Please check off below (✓):

Please include:		
Original Diploma	\$40	Copy of birth certificate or passport

<b>REASON FOR REPLACEMENT:</b> (Please include appropriate items with your form)	<input type="checkbox"/> Damaged	✓	✓	
	<input type="checkbox"/> Name incorrect/changed	✓	✓	✓
	<input type="checkbox"/> Previously outstanding fees			
	<input type="checkbox"/> Latin original, want English <i>Applies only to BA or BAH</i>	✓	✓	
	<input type="checkbox"/> Other:			

<b>RECEIVE DIPLOMA BY:</b>	<input type="checkbox"/> Pick-up	From the Office of the University Registrar (Gordon Hall Room 125)
	<input type="checkbox"/> Delivery <i>Please allow 2-3 weeks for printing and delivery</i>	Name: _____ Street Address: _____ (NO PO box or RRs) _____ City: _____ Prov./State: _____ Postal/Zip Code: _____ Phone #: _____

<b>SIGNATURE:</b>	
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**OFFICE USE ONLY:**

DEBIT  CASH  CHEQUE  MONEY ORDER

WAIVED/REASON: \_\_\_\_\_

Debt check  Copy given to deposit file

Initials: \_\_\_\_\_  Original returned  Original destroyed

SIGNATURES TO BE PRINTED:

LATIN DATE: