

DUPLICATE DIPLOMA REQUEST

MASTER'S DEGREE

Complete this form and submit with the appropriate fee (\$20.00 per duplicate diploma) to:

Office of Business Affairs 601 N Grand Ave Tahlequah, OK 74464-2399

Print your name exactly as you want it to appear on your diploma. If this is different than the current name on record with the university, you must submit appropriate documentation such as a copy of your driver's license, marriage license, passport, etc., along with this request.

Name:		Student ID Number: Phone Number:			
Email Address:					
Date of Birth (mm/dd/yyyy):		Date of Graduation:			
Type of degree (circle one)					
	MA	MBA	M Ed	MS	
Mail to:					
Name:				-	
Address:				_	
Address:					
City, State, Zip:				_	
<u>NOTE</u> : All Business Office hol within 2-4 weeks.	ds must be c	leared befor	e diploma w	vill be mailed. Requests will be processed	
Signature:				_ Date:	
For Business Office Use Only: Please return this form to the Regis		CASE Build	ing, Lower L	evel, or fax to 918-458-9638.	
Receipt #:Ar	nount:		_Cashier:	Date:	
Registrar Office use only:					