

UNIVERSITY OF LOUISVILLE
APPLICATION FOR REPLACEMENT DIPLOMA

Name (print please): _____

Print your name as you want it to appear on your diploma:

Name of Degree or Certificate _____
with a major in _____

Awarded on _____

Birth date _____ SSN _____

Select One:

I would like to pick-up my diploma. Please notify me when it arrives

Mail diploma to:

Address _____

City _____ State _____ Zip Code _____

(Diploma will be mailed through the US Postal Service in a cardboard tube)

Signature _____ Phone # _____

E-mail Address _____

Enclosed is my check or money order in the amount of **\$25.00** payable to the University of Louisville. This is to cover the charge. You will need to print this form, sign it, and mail it in with your payment.

*There is an additional \$10 charge for mailing diplomas internationally.

If you have any questions, please call 502·852·4659.

Mail this application along with your check to:

Registrar's Office

University of Louisville

Houchens Bldg. – Room 31

Louisville, KY 40292

Please allow 4-6 weeks for your diploma to arrive