

Replacement Diploma Order Form



Please mail, fax, or email your completed form to:

GVSU Registrar's Office
1 Campus Drive | Allendale, MI 49401
Fax: 616.331.2000 email: RegDept@gvsu.edu

Name as it should appear on the diploma: _____

Name at time of graduation: _____

(Note: If your name has changed since you graduated and you would like your new name to appear on your diploma, please submit a Name Change Request to our office so that we can update your records.)

Student ID#: _____ Email Address: _____

Date of Birth: _____ Phone #: _____

Graduation Date (MM/YY): _____

Diploma Pricing:

Undergraduate and Master's Level: \$35

Doctorate: \$45

Diploma Type:

Undergraduate

Master's Level

Doctorate

Payment Information:

I will mail a check
(make check payable to GVSU)

Please contact me so that I can pay by
credit card

Mailing Address: _____

City State ZIP: _____

Note: Diplomas are mailed 6 to 8 weeks after payment is processed.

Signature: _____ Date: _____

**Please note that replacement diploma requests must come directly from the student.*

-----For Office Use Only-----

Date Request was Received: _____

Wait for Check

Credit Card Payment