

**Office of the Registrar**

**Undergraduate/Graduate (Nursing, DMD, OD)**

**Diploma Reorder/Replacement**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Leave blank if you do not know it)

\*\*Name as you wish it to appear on your diploma:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Term/year)

Contact phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail diploma to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

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(Address)

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(City) (State) (Zip)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

Return request to: Campbell Hall

Office of the Registrar

1300 University Blvd, Room 117A

Birmingham, Al 35294

rstevens@uab.edu; online payment: [www.uab.edu/payfortranscript](http://www.uab.edu/payfortranscript)

**There is a charge of $15.00 for each Undergraduate diploma and $30 for each Graduate diploma. Please allow 4-6 weeks for delivery.**

**\*\*All diplomas are reordered with original names. If your name has changed and you want it to appear on your diploma, please provide documentation with your form**.