

**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)

(Address)

(City) (State) (Zip)

Signature Date

Return request with online payment receipt to:

Office of the Registrar
1300 University Blvd, CH 117
Birmingham, Al 35294-1170
graduation@uab.edu;

online payment: 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.**