HIGH POINT UNIVERSITY

DUPLICATE DIPLOMA REQUEST FORM
****Please Print Clearly****

Name as it should appear on diploma: _____

Student ID# or full date of birth: _____

Date of Graduation: _____

Degree: _____

Major(s): _____

Mailing Address: _____

_____

_____

Phone #: _____

I am requesting:

_____ Diploma only ($40)

_____ Mini-diploma ($25)

_____ Presentation Cover ($15)

_____ International Shipping ($75)

Signature of Student/Former Student _____

Return Mailing Address:

High Point University
Office of the Registrar
One University Parkway
High Point, NC 27268

Make check payable to ***High Point University***

Any questions, please contact Ann Miller at amiller@highpoint.edu or 336-841-9021.