UNIVERSITY OF DETROIT MERCY
Office of the Registrar

DIPLOMA ORDER FORM

4001 W. McNichols Rd.
FAC 080
Detroit, MI 48221

Phone: 313-993-3313
Fax: 313-993-3317
Email: registrar@udmercy.edu

Reason for Request: **Replacement** ◉ **Duplicate** ○

Full Name as it appears on Detroit Mercy records:

_____

First Middle Last

NOTE: Your name and degree information will be an exact duplication of the original; however, the names of current University of Detroit Mercy officers will appear. **A change of name requires a copy of proof of legal name change (marriage, divorce, court order) to be supplied with this request.** Please submit with request.

Check here if requesting diploma printed in new name: ☐

Birthdate: _____ Social Security Number or Student ID: _____

A re-issue date will appear beneath the original degree conferral date on the replacement diploma.

Date of Degree: _____ Name of Degree Received: _____

Degree From:

○ University of Detroit Mercy ○ University of Detroit ○ Mercy College of Detroit

Diploma cost: **$35.00** ea for most degrees/certificates 8.5 x 11 size
$50.00 ea for **Law JD/Dental DDS** 11 x 14 size

# of copies requested: _____ Current phone: ( ) _____

Please mail to: _____

_____

_____

Signature: _____ Date: _____

If submitting order my mail or fax, please provide the following payment information:

Total Charge: _____ ○ Check ○ Cash ○ Credit

Credit Card #:

_____

Exp Date: ____/____ Security Code: _____

Order reviewed by: _____

Order Processed by: _____ Date processed: ____/____/____

Total Charge: _____ Paid: _____

Student Accounting: Hold: _____