

Diploma Order Form

NAME (PRINT): _____
Print clearly and exactly as you would like your name to appear on your diploma.

STUDENT ID: _____ DATE OF BIRTH: ____/____/____

Other names used while enrolled at TWU: _____

Contact Number: _____

Contact E-mail address: _____

Degree Received: _____

Date of Graduation: ____/____/____
(Month) (Day) (Year)

Select one of the following:

I will pick up my diploma at the Denton Campus. Please call me at (____)____-____ once it is available.

Mail my diploma to the following address. (PLEASE PRINT CLEARLY)

Please select your diploma option:

Paper diploma \$25

Certified Electronic Diploma & Paper diploma \$45

Payment may be made by check or money order mailed with completed form to the address listed at the bottom of this form. Diploma requests received after the first of the month will be ordered on the first of the following month. Please allow approximately 6 - 8 weeks for processing.

Student Signature: _____

For office use only:

Financial Holds: _____ Y _____ N

Check #: _____ Amt: \$ _____

Date Mailed: ____/____/____