

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: _____

Degree Received: _____

Date of Graduation: _____
(Month) (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)

The fee to reorder a diploma is \$25.00. 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: ____ / ____ / _____