



METHODIST  
UNIVERSITY

**DIPLOMA RE-ORDER REQUEST**

Date: \_\_\_\_\_

I, \_\_\_\_\_, request that a diploma be ordered.  
(printed name)

Month/Year of graduation: \_\_\_\_\_

Degree (circle one):    AA   AS   BA   BS   BSW   MBA   MJA   MMS

Major: \_\_\_\_\_

Honors (circle one, will be verified by Registrar): *cum laude*    *magna cum laude*  
*summa cum laude*    Alpha Chi

\_\_\_\_\_  
**Signature**

*This form can be submitted by: Fax (910-630-7410), e-mail [MUST BE SCANNED WITH SIGNATURE ([registrar@methodist.edu](mailto:registrar@methodist.edu))], mail (Registrar, 5400 Ramsey Street, Fayetteville, NC 28311), or submitted in person to the Registrar's office.*

**The following items must be submitted before your diploma can be ordered.**

Receipt number of payment to Business office: \_\_\_\_\_

Mail diploma to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_