



METHODIST
UNIVERSITY

DIPLOMA RE-ORDER REQUEST

Date: _____

E-Mail Address: _____

Phone: _____

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)], 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:

