



Diploma Request

Name (*Current Name*): _____ Date of Birth: _____

Former Name(s) (*If Applicable*): _____ Student ID#: _____

Current E-mail Address: _____ Phone Number: (____) ____ - _____

Name (*As it should appear on the diploma*): _____

Date of Graduation: _____

(Note: Diplomas will have the signatures of the current University President and Chair of the Board of Directors)

Degree: _____

Major(s): _____

Diploma Mailing Address: _____

Orders are processed upon receipt and delivery takes two to four weeks from the order date.

Do you want to include a hard cover (\$2.00 each)? YES NO

Number of copies: _____ (*There is a \$25.00 fee required for each copy of the diploma*)

- ∇ Payments must be in the form of a **check or money order** made payable to "Midland University."
- ∇ Payments must be received along with this request before the order can be processed.
- ∇ By signing this request form, you acknowledge the \$25.00 charge for each diploma and agree to make payments in full before diplomas can be ordered.

Mail Request and payment to:

Office of the Registrar
Midland University
900 N Clarkson St
Fremont, NE 68025

Student's Signature

Date

Office use only: Signatures _____ Date Sent _____ Initials _____