

Replacement Diploma Application

INNOVATION FOR A HEALTHIER PLANET

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

## **REPLACEMENT DIPLOMA PROCESS AND POLICY**

- Students needing a replacement diploma (Paper Diploma or eDiploma) must complete and submit this form to the Registrar's office.
- Paper/Physical Diplomas have a processing fee that must be submitted with the completed form to avoid processing delays.
  - \$ 25.00 fee for undergradate and graduate physical diplomas
    - \$100 for doctoral physical diplomas
    - No fees associated for eDiploma requests
- Replacement diplomas will carry all University officials' current titles and signatures and will be issued in the diploma format currently used by the University.
- Processing time is 4-6 weeks for Paper/Physical diplomas.

## **STUDENT INFORMATION**

Last Name:	_ First Name:				_ SSN:		
Email:	DOB:			c	lass of:		
Phone (cell # preferred):							
Has your legal name changed since you graduate	ed from UNE?		Yes		No		
If yes, please submit a Change of Biographical Infor	nration form to up	date y	our name	prior to iss	uing a replac	cement diaplom	a.

## SECTION I: DIPLOMA INFORMATION

Major/Program: \_

In the box below, <u>CLEARLY TYPE/PRINT</u> your name exactly as you wish to have it appear in the Replacement Diploma:

## SECTION II: DIPLOMA TYPE AND RECEIPIENT

I would like to receive a Physical / Paper Diplom	na. Please have my diploma	mailed to the address listed below:	
Street:			
City:	State:	Zip Code:	
□ I would like to receive an eDiploma. Please ema	ail my eDiploma to the addre	ess listed below:	
Please issue my replacement eDiploma to my persor	nal email:		
Please email directly from UNE to a 3 <sup>rd</sup> Party email ad	ddress:		
SECTION II: STUDENT APPROVAL (Font signature NO	PT accepted)		
I, the undersigned, declare that the information pro			my

I, the undersigned, declare that the information provided in this request is accurate and complete. I understand that my request for a replacement diploma will not be processed if any information is missing or incomplete. Additionally, I agree to pay any required fees for the issuance of the replacement physical diploma.

Student's Signature:

Date: