

Office of the Registrar 1235 University Blvd. Steubenville, OH 43952

Phone: 740-283-6226 Fax: 740-284-5469

E-mail: registrar@franciscan.edu

REPLACEMENT DIPLOMA REQUEST

Franciscan University of Steubenville will issue a replacement diploma upon request. There is a \$25 replacement fee. Replacements may take 4-6 weeks upon receipt of request. All diplomas will bear the current title of the University regardless of when the degree was attained. The document will also bear the signatures of the current President, Vice President of Academic Affairs, and University Secretary. Original signatures of previous officials cannot be obtained. Diplomas will only be released upon signed request of the degree recipient. Requests may not be submitted by family or friends.

COMPLETE THE FOLLOWIN	G INFORMATION			_
NAME:	STUDENT ID #:			
FULL NAME (as it should appear	on diploma):			
PREVIOUS NAME(S):(include na	ame at time of enrollment)			
PHONE NUMBER:	E-MAIL ADDRE	SS:		
LAST FOUR DIGITS OF SOCIA	L SECURITY NUMBER:	DATE O	F BIRTH:	
DEGREE ATTAINED:	DATE OF DEGREE:			
	(cum laude, magna cum laude, or s			NO
WERE YOU IN THE HONORS I	PROGRAM? YES NO			
DO YOU NEED A NOTARIZED INSTRUCTIONS FOR APOSTIL ADDITIONAL NOTES/SPECIAL IN		E? YES/NO		
MAIL TO:				
SIGNATURE:				
	nd that I am requesting a replacement ville (formerly known as the College		ree that I h	ave earned at
Please enclose \$25 payment for to order may be made payable to:	the replacement diploma. Addition Franciscan University of Steuben	onal fee of \$1.00 for ville. Regretfully, v	Apostille. ve do not a	Check or money accept credit card
FOR OFFICE USE ONLY				
Date Request Rcvd	Degree Verification	AA BA BS BSN MA	MBA MSE I	MSA MSN
Paid	Date Conferred			
Balance Clear	Honors _			
Date Mailed	Name to print			