Duplicate DIPLOMA ORDER FORM

Indicate below how you would like your name to appear on your diploma. Please note that a name that differs significantly from what is on your official record will not be accepted. Most graduates prefer their full name on their diploma but a middle initial instead of your full middle name can also be requested.

Name: ________________________________________________________________
       First          Middle          Last

Name at Montreat (if different than above): __________________________________

Degree:
☐ A.A.  ☐ A.S.  ☐ B.S.  ☐ B.A.  ☐ B.M.  ☐ B.B.A.  ☐ B.S.M.
☐ M.A.Ed.  ☐ M.B.A.  ☐ M.S.M.L.  ☐ M.S.E.E.

Completion Date:
☐ August   ☐ December   ☐ May
            Year          Year          Year

Address: ________________________________________________________________
       City          State          Zip

Reason for needing a duplicate diploma:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature of Student ___________________________ Date __________

Please return this form and $20 payment to the following:
Montreat College
Records and Registration Office
Box 1267
Montreat, NC  28757
Fax: (828) 669-2141