MONTREAT
COLLEGE

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