

Office Use Only:

Date Received: _____

Order Form: _____

Payment: _____



Alumni Replacement Diploma Order

for Graduates of:

Mount Mary College (Before July 1, 2013) - Mount Mary University (July 1, 2013 to Present)

Current Name: _____
(First) (Middle) (Last)

Previous Name(s): _____

Name to Appear on Diploma: _____
(First) (Middle) (Last)

Year of Graduation: _____ **Select Term** of Graduation:
 Spring (May) Summer (Aug.) Fall (Dec.)

Degree Level/Type: _____ Major or Program: _____

Reason for Replacement Order:

Original Destroyed Diploma Lost (Pre-2013 Grads) Update to University Diploma

**** Fee Acknowledgement:** *I, the undersigned, agree to pay **\$40.00** to Mount Mary University in check or cash prior to order processing.*

Signature: _____ **Date:** _____

Contact Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

The requested replacement will be ordered upon receipt of the \$40.00 fee and mailed to the above address within the following 6 weeks.

Please contact the Registrar's Office with changes or questions:

mmu-registrar@mtmary.edu

(414) 930-3062

2900 N Menomonee River Parkway, Milwaukee, WI 53222