

Date _____

**FERRIS STATE UNIVERSITY
REPLACEMENT DIPLOMA REQUEST FORM**

Student/Social Security Number _____

Date of Birth _____

Your Name _____

NAME AS YOU WISH IT TO APPEAR (Please Document if different than above):

Indicate when UPPER/lower case, middle name spelled out or initial, etc.

****(As It Appeared On Your Academic Record: First, Middle, Last)****

Name _____

Date of Graduation _____

College or School _____

(College of Technology, College of Allied Health Sciences, School of Nursing etc.)

Degree Awarded _____

(Bachelor of Science, 2-Yr Certificate, 6th-Yr Certificate, Master of Science, PhD, etc.)

Major/Field of Study _____

Graduation Honors (if applicable) _____

ADDRESS TO WHICH DIPLOMA IS TO BE MAILED:

Name _____

Street, Apt. No., etc _____

City, State, Zip _____

Phone (Day) _____ Fax _____

E-mail Address _____

In requesting a new diploma, I certify the above information is correct.

SIGNATURE _____

Payment:

\$25.00 per copy or \$10.00 per copy if the request is made within the year after graduation.

A personal check or money order payable to: Ferris State University. (Your cancelled check is your receipt)

Mail completed form and check or money order to :

Admissions & Records, CSS-201, 1201 South State Street, Big Rapids, MI 49307.