

**FERRIS STATE UNIVERSITY**  
REGISTRAR'S OFFICE  
1201 SOUTH STATE STREET, CSS 201  
BIG RAPIDS MI 4930 7-2714

Replacement diplomas may also be ordered online at  
[ferris.edu/diploma.edu](http://ferris.edu/diploma.edu).

### Replacement Diploma Request Form

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student/Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**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.

**Date of Graduation:** \_\_\_\_\_

**College:** \_\_\_\_\_

(College of Engineering Technology, College of Health Professions, College of Business, etc.)

**Degree Awarded:** \_\_\_\_\_

(Associate, Bachelor of Science, 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.:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In requesting a new diploma, I certify the above information is correct. Diploma credentials will be verified prior to producing the diploma requested.

**SIGNATURE:** \_\_\_\_\_

**Payment: \$15.00 per copy.**

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