Lincoln University

REQUEST FOR DIPLOMA

1. STUDENT INFORMATION

NAME: _____
(First, Middle, Last) ***The name you entered here will appear on your diploma if the request is approved.**

STUDENT ID: _____ **DEGREE:** _____
(DBA/MBA/BA/BS/AS or Certificate)

ADDRESS: _____

_____
City   State (or Province or Region)   ZIP (or Postal) Code   Country

PHONE: _____ **EMAIL:** _____ **@lincolnucasf.edu**

2. PLEASE CHOOSE FROM THE FOLLOWING OPTIONS.

☐ **I will pick up my diploma (Photo ID is required).**

☐ **I want my diploma to be mailed to:**

    ☐ **the above address.**

    ☐ **the following address:**

    _____

    _____

3. THIS REQUEST IS:

☐ **for the first time**   ☐ **to replace the existing diploma**

4. STUDENT'S SIGNATURE/PRINT NAME   **5. DATE**

_____   _____
(Student's **Signature**)   **Date**

Please complete and submit this form to each office of the university mentioned on the back. An incomplete form will not be processed.

Notes:
1) This request will be evaluated by the Registrar or the Director of Records.
2) If your payments of tuition or other fees are incomplete, this request will not be processed.
3) If the request is approved, the name you entered above will appear on your diploma.
4) You are required to pay a diploma fee of **$75 (nonrefundable)** to the Accounting Office of the University.
5) An additional fee of **$75 (nonrefundable)** will be imposed on a replacement of diploma for any reasons, including a change of information which appears on your existing diploma.

THE BELOW SECTION IS FOR THE UNIVERSITY USE ONLY.

Accounting Office:

Diploma Fee is paid: ( ) Yes   ( ) No

Student's account is clear: ( ) Yes   ( ) No   **If "No", Balance: $** _____

Comments: _____

_____

_____

Signature/Print : _____   **Date:** _____

Student Services Office:

Exit interview is completed: ( ) Yes   ( ) No

Comments: _____

_____

_____

Signature / Print: _____   **Date:** _____

Library:

Student returned all the books borrowed: ( ) Yes   ( ) No

Comments: _____

_____

_____

Signature / Print: _____   **Date:** _____

Records Office:

Request Received (Signature/Print): _____   **Date:** _____

Student's file is complete: ( ) Yes   ( ) No

Comments: _____

_____

_____

( ) **Approved**   ( ) **Pending**   ( ) **Denied**

If approved, the student's program completion date is: _____

Signature /Print : _____   **Date:** _____