

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: _____ @lincolnucaf.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:** _____