

LINCOLN UNIVERSITY
401 FIFTEENTH STREET, OAKLAND, CA 94612
phone: (510) 628-8010 | fax: (510) 628-8012

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/MS-FM/MS-IB/MBA/BA/BS)

MAILING ADDRESS: _____

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

PHONE: _____ EMAIL: _____

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

(Student's **Signature** and **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.
- 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.
- 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: _____

Date: _____

Student Services Office:

Exit interview is completed: () Yes () No

Comments: _____

Signature: _____

Date: _____

Library:

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

Comments: _____

Signature: _____

Date: _____

Financial Aid Office (only for students participating in student financial aid):

Exit counseling is completed: () Yes () No

Signature: _____

Date: _____

Registrar 's Office:

Request Received (Signature and Date): _____

Student has met the graduation requirements and the file is complete: () Yes () No

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

Comments: _____

Signature: _____

Date: _____