LINCOLN UNIVERSITY

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

REQUEST FOR DIPLOMA

STUDENT ID:	DEGREE:	A /NAC ENA/NAC ID /	MD A /D A /D C
MAILING ADDRESS:			
City State (or Province or Region)	ZIP (or Posta	al) Code	Country
PHONE:	EMAIL:		
2. PLEASE CHOOSE FROM THE FOLLO I will pick up my diploma (Photo ID is r			
I want my diploma to be mailed to:			
☐ the above address.			
☐ the following address:			
3. THIS REQUEST IS:			
\square for the first time \square to replace	e the existing diploma	ı	
4. STUDENT'S SIGNATURE			

 $(Student's \begin{center} Signature and Date) \end{center}$

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) A 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 Replacement 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:	
Records Office:	
Missing Documents: () 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:	
Signature: Date:	

RO: 03/13/2024