

**FERRIS STATE UNIVERSITY**  
OFFICE OF THE REGISTRAR  
1201 SOUTH STATE STREET, CSS 201  
BIG RAPIDS MI 49307-2714



**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 or School:** \_\_\_\_\_  
(College of Technology, College of Allied Health Sciences, School of Nursing etc.)

**Degree Awarded:** \_\_\_\_\_  
(Bachelor of Science, 2-Yr Certificate, 6th-Yr 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.

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

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

Accepted methods: personal check or money order made payable to Ferris State University.