

SAMUEL MERRITT UNIVERSITY
Office of the Registrar
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Diploma Replacement Request
(Please print very clearly)

DATE: _____

NAME: _____

STUDENT ID OR SS#: _____

PROGRAM: _____

DEGREE DATE: _____

NAME TO APPEAR ON DIPLOMA: _____

DIPLOMA MAILING ADDRESS:

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Diplomas are \$20.00 per copy. Please submit check payable to "Samuel Merritt University", to the address at the top of this form.

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