

SAMUEL MERRITT UNIVERSITY
Office of the Registrar
3100 Telegraph Avenue
Oakland, CA 94609
Email: Registrar2@samuelmerritt.edu

DPM Diploma Replacement Request
(Please print very clearly)

DATE: _____

NAME: _____

STUDENT ID OR SS#: _____

PROGRAM: _____

DEGREE DATE: _____

NAME TO APPEAR ON DIPLOMA: _____

DIPLOMA MAILING ADDRESS:

PHONE NUMBER: _____

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DIPLOMAS NEEDED: _____

Diplomas are \$22.00 per copy. Please submit check (or enter credit card information below) payable to "Samuel Merritt University", to the address at the top of this form. Completed form can also be emailed to Registrar2@samuelmerritt.edu.

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