



UNIVERSITY OF
NEW ENGLAND

Request for Replacement Diploma

Student's Name: _____ Campus: **Biddeford or Portland**
Personal Ref # _____ (Please Circle one)
(PRN): _____
Email Address: _____ Class of: _____
Phone (cell # preferred): _____

Major: _____

CLEARLY PRINT your name exactly as you wish to have it appear in the Replacement Diploma:

First Name	Middle Name or Initial	Last Name
------------	------------------------	-----------

I would like my diploma mailed to the address listed below:

Street: _____

City: _____ State: _____ Zip Code: _____

Student's Signature: _____ Date: _____

Reminder: A reprinting charge of \$25.00 must be paid prior to sending out the requested replacement diploma. If the replacement diploma is for Doctor of Osteopathic Medicine or Doctor of Physical Therapy, the reprinting charge is \$100.00. Please make checks payable to the University of New England.

Please return completed form and check to either campus.

REGISTRAR'S OFFICE
11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005
Phone: (207) 602-2473 Fax: (207) 602-5927
UNERegistrar@une.edu
Website: www.une.edu/registrar