

Diploma Order Form

_____ A000000 _____
Last Name First Student ID#

Select from each of the three boxes below:

<input type="checkbox"/> Applying to Graduate _____ <small>TERM/YR (ex:SP16)</small>
<input type="checkbox"/> Requesting BS Degree Only <i>(not applying to graduate)</i>
<input type="checkbox"/> Replacement Diploma* _____ <small>*Only check this box if graduated. GRAD TERM/YR (ex:SP16)</small>
<input type="checkbox"/> Bachelor of Science
<input type="checkbox"/> Doctor of Chiropractic
<input type="checkbox"/> Mail diploma to address on this form
<input type="checkbox"/> I will pick up my diploma at TCC

Mailing Address:

Street: _____
City: _____
State: _____ Zip _____
Phone: _____
Email: _____

Applying to Graduate - Important!

Please understand that the official Graduation Program and Diploma(s) will carry your name as it is recorded in our academic records. In order to initiate a name change, the Registrar's office must have either a court order, divorce decree or marriage license on file before the ordering of your diploma.

Print your name as you wish it to appear on your diploma

By signing, I understand the above information and confirm that my information is correct.

Signature: _____

Date: _____

Office Use Only

Diploma ordered _____
Degree conferred _____
Diploma mailed _____
*Replacement Diploma _____

Date: _____
Date: _____
Date: _____
Date: _____