



Office of the Registrar
1900 Selwyn Avenue
Charlotte, NC 28274
704.337.2242

DUPLICATE DIPLOMA ORDER FORM

Your request for a replacement diploma should include:

1. The completed Replacement Diploma form.
2. A \$15.00 check made payable to "Queens University of Charlotte".
3. Mail your request to the address above.

Your Current Name: _____
First Middle Last

Your Name (as it was while at Queens) _____

Your Email Address: _____
First Middle Last

Date of Birth: ____/____/____ Student ID: _____

What year did you graduate? _____

What degree did you obtain?

BA BM BS BSN MA MAT MED MBA MFA MSN ASN Other: _____

Did you have honors? Summa cum laude Magna cum laude Cum laude

Clearly print how you would like your name to appear on your diploma:
(If you've had a name change since attending Queens and would prefer your new name on the diploma, you will need to officially change your name with Queens if you have not already done so.)

Please let us know where to mail your replacement diploma:

_____ City State Zip

Your phone number: _____ / _____ / _____

Your signature, please: _____

Date of request: _____