

OFFICE OF THE REGISTRAR Brown Hall, Suite 307

_ _	Student ID I	Number		Date	
Request for Additional Diploma	T				
Name Enrolled Under (Last, First, Middle, Other)		ate of Birth	Phone Numbe	er	
			_	-	
Address to Mail Diploma	Si	udent Signature			
There is a \$25.00 replacement fee for received before the diploma will be ma Accounts by calling 479-968-0271, or you	ailed. Credit ca	ird paymer	nts may be n	nade to Studer	
PRINT YOUR NAME EXACTLY A (Upper and lower ca	As You Want it to A ase letters please – no sp				
Term your degree requirements were complete	d:				
Spring Summer	Fall Year:				
Major:					
Second Major:					
Number of diplomas: @ \$25.00 each					
Total amount due:					
Your request can be submitted by:					
Mail— Arkansas Tech University Office of the Registrar Brown Hall, Suite 307 105 West O Street Russellville, AR 72801-2222	Fax— 479-968-068		ail— duation@at	u.edu	
Payment can be mailed to the address above,	or you can pay by	y phone to S	tudent Accour	nts (479-968-0271)	
REGISTRAF	R'S OFFICE US	SE ONLY:			
Degree:	Paid:				
Honors:	Printe	d:			
Date Awarded:	Mailed	/Picked			
Charged (E020)	IIn: Ini	tiale:			