



Diploma Mailing Request/Duplicate Diploma Order

Order Type: (Complete form in black or blue ink or online)

- Mailing of Original Diploma: \$25.00 within the U.S. (\$40.00 international mail; provide international phone #)
- Duplicate Diploma: \$40.00 (includes mailing)
- Reprint of Diploma with new name: \$40.00 (includes mailing)

Name: _____ OSU ID #: _____
Last First Middle

Phone: _____ Email: _____

Diploma Mailing Address: _____ Name(s) Used Previously: _____

Graduation Year: _____ List major(s): _____

Check Term: Fall Winter Spring Summer

Check Degree Type: Bachelor's Master's PhD PharmD DVM Other _____
Specify

Check College:

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Sciences | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Business | <input type="checkbox"/> Liberal Arts |
| <input type="checkbox"/> Earth, Ocean, and Atmospheric Sciences | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Health and Human Sciences |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Science |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Veterinary Medicine |

Student's Signature (Required): _____ **Date:** _____

The student must sign this form. Digital signatures are NOT accepted.

Mail request form and check or money order (made payable to OSU) to the OSU Registrar's Office.

Please Note:

Diplomas are mailed after conclusion of the degree clearance process, approximately 6 to 8 weeks following the end of term. For previous terms of completion or duplicate diplomas, diplomas are mailed approximately 2 to 3 weeks following receipt of your order.

Diplomas will be available to pick up at no cost at the Registrar's Office, approximately 3 weeks after conclusion of the degree clearance process. Fill out the [Diploma Release Request](#) form to authorize someone else to pick up your diploma.

If you wish to receive your diploma at the Spring Commencement ceremony, please do not request mailing services.

Office Use Only			
Payment Amount: _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check Number: _____	Initials: _____
Date Billed: _____	Date Mailed: _____	Initials: _____	
Amount Billed: _____	Charge Code: _____		