

ROOSEVELT UNIVERSITY

REQUEST FOR DUPLICATE DIPLOMA

There is a \$20.00 fee for each diploma ordered. Please enclose the fee with this form. The duplicate diploma will be mailed to your home or ready for pick-up within 7 days. If you have any questions, please contact the Graduation Office at: (312) 341-2064. Return this form by mail, or in person to:

Roosevelt University
Graduation Office
430 S. Michigan Ave. Rm. 124
Chicago, IL 60605
Fax: (312) 341-3660

Roosevelt University
Registrar's Office
1400 N. Roosevelt Blvd Rm. 120
Schaumburg, IL 60173
Fax: (847) 619-7960

Please fill in the information requested below:

Name: _____

Student ID #: _____

Address: _____

Email: _____

Phone # required: (_____) _____

Degree Received: _____

Degree Date: _____

Please print your name exactly as you wish it to appear on your diploma:

First

Middle

Last

____ I will pick up in: ____ Chicago, Rm. 124 (Mez.); ____ Schaumb., Rm. 120

____ Please mail it to my home

Student's Signature: _____ Date: _____

Paid: _____