



Office of the Registrar  
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Steubenville, OH 43952

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Fax: 740-284-5469  
E-mail: registrar@franciscan.edu

## REPLACEMENT DIPLOMA REQUEST

Franciscan University of Steubenville will issue a replacement diploma upon request. There is a \$25 replacement fee. Replacements may take 4-6 weeks upon receipt of request. All diplomas will bear the current title of the University regardless of when the degree was attained. The document will also bear the signatures of the current President, Vice President of Academic Affairs, and University Secretary. Original signatures of previous officials cannot be obtained. Diplomas will only be released upon signed request of the degree recipient. Requests may not be submitted by family or friends.

### COMPLETE THE FOLLOWING INFORMATION

FULL NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

PREVIOUS NAME(S): \_\_\_\_\_  
(include name at time of enrollment)

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEGREE ATTAINED: \_\_\_\_\_ DATE OF DEGREE: \_\_\_\_\_

DID YOU RECEIVE HONORS? (cum laude, magna cum laude, or summa cum laude) YES NO

WERE YOU IN THE HONORS PROGRAM? YES NO

DO YOU NEED THE DIPLOMA NOTARIZED? (an additional fee of \$1 must be enclosed) YES NO

ADDITIONAL NOTES/SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I verify that this is my signature and that I am requesting a replacement diploma for a degree that I have earned at Franciscan University of Steubenville (formerly known as the College of Steubenville).

**Please enclose \$25 payment for the replacement diploma. Check or money order may be made payable to: Franciscan University of Steubenville. Regretfully, we do not accept credit card payments at this time.**

### FOR OFFICE USE ONLY

Date Request Rcvd \_\_\_\_\_

Degree Verification AA BA BS BSN MA MBA MSE MSA MSN

Paid \_\_\_\_\_

Date Conferred \_\_\_\_\_

Balance Clear \_\_\_\_\_

Honors \_\_\_\_\_

Date Mailed \_\_\_\_\_

Name to print \_\_\_\_\_