



METHODIST
UNIVERSITY

DIPLOMA RE-ORDER REQUEST

Date: _____

E-Mail Address: _____

Phone: _____

I, _____, request that a diploma be ordered.
(printed name)

Month/Year of graduation: _____

Degree (circle one): AA AS BA BS BSW MBA MJA MMS

Major: _____

Honors (circle one, will be verified by Registrar): *cum laude* *magna cum laude*
summa cum laude Alpha Chi

Signature

*This form can be submitted by: e-mail [MUST BE SCANNED WITH SIGNATURE
(registrar@methodist.edu)], mail (Registrar, 5400 Ramsey Street, Fayetteville, NC 28311), or submitted in
person to the Registrar's office.*

The following items must be submitted before your diploma can be ordered.

Receipt number of payment to Business office: _____

Mail diploma to:
