

West Chester University
Office of the Registrar
Graduation Analyst
25 University Avenue
West Chester, Pa. 19383
Fax 610-436-2370

Undergraduate Replacement Diploma Request

Only one copy may be ordered

Name for Diploma: _____

All other Names: _____

Major: _____

Social Security Number: _____

Student I.D.: _____

Graduation Date: _____

Telephone Number: _____ **Email:** _____

Current Address: _____

Signature: _____

Date: _____

*There is a **\$7.00 fee**. You may write a check made out to WCU, or you may supply a credit card number, expiration date and your signature giving authorization to charge your account.

This form may be faxed to the Office of the Registrar at 610-436-2370. To charge Credit Card see below:

Credit Card Number: _____

Expiration Date: _____ Type of card (Visa, Mastercard, etc.) _____

SIGNATURE OF CREDIT CARD HOLDER: _____

Diploma Mailed: _____ Processed by: _____
