



Office of the Registrar • 011 Ramsey Library CPO # 1555 • 828-350-4500

REQUEST FOR REPLACEMENT DIPLOMA

Requests must be made by the graduate.

Full name at graduation: _____

Student ID number or last 4 digits of SSN: _____

Contact Information:

Email: _____ Phone: _____

Month/year of graduation: _____

Major/s: _____

Do you want your major listed on your diploma? No Yes (if more than one, both will be listed)

Number of replacement diplomas requested? _____ (\$20 per copy)

Will you pick up the diploma when it arrives, or should it be mailed? Pick up Mail

Address to which the diploma should be mailed, if applicable:

Special instructions?

Signature _____

Date _____

Please mail this completed form and check or money order made payable to UNC Asheville to:

Office of the Registrar
UNC Asheville
One University Heights
011 Ramsey Library, CPO 1555
Asheville, NC 28804