

UNIVERSITY OF LOUISVILLE
APPLICATION FOR REPLACEMENT DIPLOMA

Name (print please): _____

Print your name as you want it to appear on your diploma:

Name of Degree or Certificate _____

with a major in _____

awarded on _____

birth date _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Phone # _____

Enclosed is my check in the amount of \$20.00 payable to the University of Louisville. This is to cover the charge. You will need to print this form, sign it and mail it in with your payment.

If you have any questions, please call 502-852-4659.

Mail this application along with your check to:

Registrar's Office
University of Louisville
Houchens Bldg. – Room 31
Louisville, KY 40292

Please allow 4 to 6 weeks for delivery.