



Diploma Replacement Request

Student ID# _____

Last First Middle/Maiden

Preferred Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Name as it appeared on your original diploma:

**CHANGES IN NAMES CANNOT BE MADE AFTER THIS FORM IS
SUBMITTED.**

Month, Day and Year of Graduation: _____

Degree Received:

Associate of Science Degree (A.S.) _____

Associate of Applied Science Degree (A.A.S.) _____

Bachelor of Science Degree (B.S.) _____

Major/Program: _____

Student's Signature: _____ Date: _____

REGISTRAR



The cost for a replacement diploma is \$60.00 payable to Jefferson College of Health Sciences.

Payment is due upon ordering.

The completed Diploma Request Form and payment may be mailed to

Registrar's Office
Jefferson College of Health Sciences
920 S. Jefferson Street
Roanoke, VA 24018

REGISTRAR