



Office of the Registrar • Woody Hall
 1950 Third Street • La Verne, CA 91750
 Phone: 909.448.4003 • Fax: 909.392.2703
 email: reg@laverne.edu • www.laverne.edu/registrar

DUPLICATE/REPLACEMENT ORDER FOR DIPLOMA

PLEASE PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA.

| | | | |
|-------------------------------|-------------|-----------|--|
| <input type="checkbox"/> Mr. | | | |
| <input type="checkbox"/> Mrs. | | | |
| <input type="checkbox"/> Ms. | | | |
| First Name | Middle Name | Last Name | |

Mailing Address _____

City _____ State _____ Zip _____

Home Number (____) _____ Alternative Number (____) _____

ULV Student Identification Number

DEGREE INFORMATION MUST BE LISTED IN THE UNIVERSITY OF LA VERNE CATALOG.

Degree _____ Major _____ Minor _____

Approximate Year of Graduation _____ Concentration _____ Emphasis _____

Student Signature _____

Date _____

COST FOR DUPLICATE/REPLACEMENT DIPLOMA: \$60.00

PAYMENT OPTIONS

- Check Included
- Paid In Person
- Paid Via MYLAVERNE.com (Date Paid _____)

Office of Registrar Official Use

File Name: _____

Date: _____

Amount Paid: _____

Degree Sequence: _____

Center/Location: _____

Advisor: _____

Commencement Year: _____

ULV GPA: _____

OAGPA: _____

Institutional Honor: _____

Degree Date: _____

Diploma Date: _____

Date Post: _____

Posted By: _____

Financial Hold: Yes No

Date Diploma Mailed: _____