INDÍANA WESLEYAN UNIVERSITY

Registrar's Office 4201 • S. Washington St. • Marion, IN 46953 • 765-677-2131

REQUEST FOR REISSUANCE OR DUPLICATE DIPLOMA

Please **print** and complete the form below.

Signature and payment method must be provided in order for request to be processed.

Once the form is completed either fax the form to 765-677-2662, email to registrar@indwes.edu or mail the form to:

Indiana Weslevan University ◆ ATTN: Registrar's Office ◆ 4201 South Washington Street ◆ Marion, Indiana 46953

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Name:	ast) (First)		(Middle)		(Maiden)
Address:				•	
City:			State:		Zip Code:
Home Phone #:			_ Cell Ph	one #:	
Student ID#:	or D a	ate of Birth:			
Year Graduated:	Email Address:		(Please Print)		
Type of Request:					(Fiedde Fillit)
Reissuance (Requests are	for those o	araduates whose	nama has la	ally change	d *Dlagga can statement
	_		name nas ieg	any change	a. *Please see statement
Duplicate (Requests are to	replace a	n original.)			
Please list the number of diploma	s reques	ted by each deg	ree type.		
\$15 for each standard diploma\$20 for MBN dual degree\$10 for each diploma cover					
Please circle which diploma(s) you are requ Associate's Bachelor's Master's	esting:	\$25 fc	or each doctora	al diploma	
Payment can be made with check		,		•	as Use Only and
money order. Checks or money of should be written to Indiana Wesle	Date Received:			ce Use Only === int Due:	
University. Payments made by credit card can only be submitted by FAX, US postal mail, or phone (765-677-2131).			d:	Amou	unt Paid:
				1.1	
		will not go out u			ssmail. Any rush orders received after 11:30 AM
	ense, cou nent on the	rt order, or dissol e front that it has	ution decree been reissue	reflecting th d.	v name, proof of name change in the form e new name in full must be provided. The
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Signature Required For Diploma Request To Be Processed					
Signature: Date:					

** Please allow 2-3 business days to process and 5-10 business days for USPS delivery. **

3/2021 AB