



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131
(504) 398-2235 - registrar@uhcno.edu

REPLACEMENT DIPLOMA REQUEST

- Please print this form and fill in all information.
- Mail completed form to above address with a check or money order for \$25.00 made payable to University of Holy Cross.
- Please use a separate form for each diploma request.

Name: _____
Last First M.I.

Date of Birth: _____ Date of Graduation: _____

Name to Appear on Diploma: _____

Degree: A.A. A.S. B.A. B.S. M.A. M.Ed. M.S. Ed.D. Ph.D.

Major: _____

Phone: _____ Email: _____

Mail Diploma to:

Street Address

City State Zip

Signature Date

REGISTRAR'S OFFICE USE ONLY:

Processed by Date Amount Received