

SACRED HEART MAJOR SEMINARY DUPLICATE/REPLACEMENT DIPLOMA FORM

Office of the Registrar * 2701 Chicago Blvd. * Detroit, MI 48206-1799 Tel (313) 883-8545 * Fax (313) 883-8682 registrar@shms.edu

* A diploma will NOT be released until all financial obligations to the seminary have been satisfied.

| STUDENT INFORMATION ALL blocks in student section must be completed - PLEASE PRINT LEGIBLY - Thank You | | | | | | | | |
|---|-----------------|-----------------|-------------|------|--|--|--|--|
| Last 4-digits of S.S. # | LAST NAME | FIRST NAME | MIDDLE NAME | | | | | |
| EMAIL ADDRESS | | | | | | | | |
| List any other names under which you may have attended SHMS/SJPS: | | | | | | | | |
| Level of Study: Undergraduate Graduate School SHMS St. John Provincial Seminary Both | | | | | | | | |
| BIRTHDATE | DAYTIME PHONE # | STUDENT SIGNATU | JRE | DATE | | | | |

DEGREE INFORMATION

| School | SHMS | St. John Provincial Seminary |
|-----------------------|------|------------------------------|
| Degree Date | | |
| Degree Earned | | |
| Major | | |
| Honors, if applicable | | |

PLEASE NOTE:

If a diploma is needed for both SHMS and St. John Provincial Seminary, please complete two separate forms. If both an undergraduate and a graduate diploma is needed, please complete two separate forms as well.

If a student is requesting a name change, it must be accompanied with the proper legal documentation such as marriage license, divorce decree, etc. Scanned originals of required documentation will be accepted, photos will not be accepted.

STB/STL diplomas require a minimum of 6 months for the order to be received.

MAILING INFORMATION

List the complete mailing address of where you would like your diploma sent. PLEASE PRINT LEGIBLY

| Name: | | | Duplicate/Replacement Diploma Fees | | | | |
|--|------------|--|---|---------------|--------------|-------|--|
| | | | (per diploma) | | | | |
| Address: | | | S.T.B./S.1 | S.T.B./S.T.L. | | \$400 | |
| Address (cont.): | | | A.A.M./A.B./B.Phil./M.A./M.A.P.S./M.Div. Basic/Intermediate/Graduate Diploma | | \$75 \$25 | | |
| City/State/Zip | | | **Please include the appropriate fee with this form. | | | | |
| Country | | | | | | | |
| Do you want us to update your SHMS/SJPS record to show this as your permanent address? | | | | | | | |
| FOR INTERNAL USE ONLY | | | | | | | |
| Accepted By | Dipl. Ord. | | Proofed & Mailed | | | | |
| | | | | | | | |