

Office of the Registrar • Woody Hall 1950 Third Street • La Verne, CA 91750

Office of Registrar Official Use

File Name: _____

Phone: 909.448.4003 • Fax: 909.392.2703 email: reg@laverne.edu • www.laverne.edu/registrar

DUPLICATE/REPLACEMENT ORDER FOR DIPLOMA

Amount Paid: PLEASE PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA. Degree Sequence: _____ □ Mrs. ☐ Ms. Center/Location: First Name Middle Name Last Name Advisor:__ Commencement Year: _____ Mailing Address ULV GPA: OAGPA: City Institutional Honor: Home Number () Alternative Number () Degree Date: _____ ULV Student Identification Number Diploma Date: _____ Date Post: DEGREE INFORMATION MUST BE LISTED IN THE UNIVERSITY OF LA VERNE CATALOG. Posted By: _____ Degree Major Minor Financial Hold: ☐ Yes ☐ No Date Diploma Mailed: _____ 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)