

INDIANA 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 Wesleyan University ♦ ATTN: Registrar's Office ♦ 4201 South Washington Street ♦ Marion, Indiana 46953

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Student ID# _____ or Social Security # _____

Year Graduated _____ Email Address: _____
(Please Print)

Type of Request:

- Reissuance (Requests are for those graduates whose name has legally changed. *Please see statement
- Duplicate (Requests are to replace an original.)

Please list the number of diplomas requested by each degree type.

_____ \$15 for each standard diploma
Please circle which diploma(s) you are requesting:
Associate's Bachelor's Master's

_____ \$20 for MBA/MSN dual degree

_____ \$10 for each diploma cover

_____ \$25 for each doctoral diploma

Payment can be made with check, cash, or money order. Checks or money orders should be written to Indiana Wesleyan University. Payments made by credit card can only be submitted by FAX, US postal mail, or phone (765-677-2131).

=== Office Use Only ===	
Date Received: _____	Amount Due: _____
Payment Method: _____	Amount Paid: _____

Additional fee required for overnight or expressmail. Any rush orders received after 11:30 AM will not go out until the following day.

***Reissuance of Diploma:** If you are requesting the diploma to be reissued with a new name, proof of name change in the form of a certified copy of a marriage license, court order, or dissolution decree reflecting the new name in full must be provided. The diploma will contain a typed statement on the front that it has been reissued.

Document attached _____

Name (as you wish it to appear on diploma): _____
(Please Print)

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. ****