



Office of the University Registrar
 Henry Administration Building, Suite 1200
 14000 Jericho Park Road
 Bowie, Maryland 20715
 Phone: 301-860-3730 Fax 301-860-3438
 www.bowiestate.edu

DIPLOMA REPLACEMENT ORDER FORM

First Name:		Last Name:	
Street Address:		Home Phone:	
Email Address:		Cell Phone:	

Student Information:

STUDENT INFORMATION LISTED ON DIPLOMA				
No.	Name as listed on Diploma (LN, FN, MI)	Student ID or Social Security Number	Degree Awarded from (School)	Date of Graduation (Month & Year)

Replacement diplomas cost \$55.00. Make checks payable to Bowie State University. Please allow 4-6 weeks for delivery

Signature: _____

Date: _____