

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Replacement Diploma Request Form

Please print your name exactly as you want it to appear on your diploma:

_____/_____/_____/_____ / _____
First Middle Last Former Name

If you have changed your name since graduating, you must provide documentation that supports your name change. A copy of your drivers' license, Social Security Card, or court documentation will suffice.

Verification of Identity:

Name used when graduated: _____

Date of Birth: ____/____/____ Year of Graduation: _____

Social Security Number: ____-____-____ or Student ID# _____

Daytime phone# _____ Email address: _____

Degree(s) Earned:

- Associate in Arts
- Associate in Science
- Associate in Applied Science
- Bachelor of Arts
- Bachelor of Science
- Bachelor of Applied Science in Hospitality Administration
- Master of Business Administration
- Master of Science
- Other (Please Specify): _____

Major: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Country (if not USA): _____

\$30 Fee

Form of Payment:

- Check (payable to Southern NH University)
- Money Order
- Credit Card

Name on Card _____

Card # _____

Expiration Date ____/____ Security code _____

Signature: _____

Return to Graduate Assistant, Office of the Registrar, 2500 N. River Rd., Manchester, NH 03106

Please allow a minimum of four to six weeks processing time.

Phone: 603.668.2211, ext. 2271, Fax: 603.629.4647, Email: diploma.request@snhu.edu