



michigan school
of psychology

Diploma Re-order Form

Please Print:

I would like to request another copy of my diploma with the following name:

Name: _____

(Note: Your diploma must be printed in the same name as your original diploma was printed. Otherwise, the original needs to be turned in.)

Date(s) of Graduation _____

Degree Received _____ (MA) _____ (PsyS) _____ (PsyD)

Signature _____ Date _____

Mailing Address for Diploma:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone(s) _____

Fee: \$30.00 per diploma

Payment type:

- Check
 Credit (please complete below)

Credit Card Number _____

Expiration Date _____ Zip Code of Cardholder _____

Name on Credit Card _____

FOR OFFICE USE:

Date Received _____ Date Mailed: _____