



Duplicate Diploma Request

Students receive an original diploma at the time of graduation from Missouri Western, however upon request, a duplicate diploma may also be ordered. These special order diplomas may only be requested by and issued to the graduate and will take between 3-4 weeks for processing. A duplicate diploma will not be released if any financial obligation exists with the University. Completed applications should be submitted to the Registrar's Office, Eder Hall 102, faxed to 816-271-4229, or scanned and emailed to registrar@missouriwestern.edu.

All duplicate diplomas are printed on 8½ x 11 card stock, will have the name **Missouri Western State University** and include degree, major and graduation month/year. If the degree or certificate was awarded prior to December 2006 the diploma will have the statement, "Formerly known as Missouri Western State College" printed at the bottom.

A duplicate diploma will continue to have the name of the student at the time of graduation unless the previous graduate presents a Court Ordered Name Change Document to the Registrar's Office specifying a name change.

The cost for a diploma is stated below and payment (cash, check or credit card) is due at the time the order is placed:

- Diploma only: \$25.00, includes domestic shipping and handling*
- Diploma including the padded cover: \$35.00, includes domestic shipping and handling*

*The diploma fee includes domestic shipping. International shipments must be initiated by the student and use eShipGlobal.

Diploma Information

Name at the time of Graduation (as it will appear on the diploma):

First Name	Middle Name, Initial or leave blank for no middle name	Last Name
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G Number or last 4 of SSN: _____ Date of Birth (mm/dd/yyyy): _____

Phone : (_____) _____ E-Mail Address: _____

Degree Awarded: _____ Major: _____

Graduation Term : Fall Spring Summer Graduation Year: _____

Other Comments/Information:

Mail diploma to: Address: _____

City: _____ State: _____ Zip Code: _____

I will be using eShipGlobal

I authorize Missouri Western to update my contact information

Student Signature: _____ Date: _____

(signature required for order processing)

Questions: Registrar's Office, Eder 102, 816-271-4211

Credit Card Payment

Credit card payment must include the following:

Student Name: _____

Student I.D. Number (G # or last 4 of SSN): _____

Card Holder Name: _____

Card Holder Address: _____

City: _____ State: _____ Zip Code: _____

VISA MASTERCARD DISCOVER

Card Number: _____ - _____ - _____ - _____ Exp.: _____ / _____ CVV #: _____

Amount Due - \$25 per diploma without cover; \$35 per diploma with cover: \$ _____

Card Holder Signature: _____
(signature required for order processing)

Date: _____