

MID-CONTINENT UNIVERSITY

Office of the Registrar

PLEASE PRINT

Diploma Reorder Form

Name _____ SS # _____
(As you would have it on your diploma)

Home Address _____
Street City State Zip

Cell Phone (____) _____ Alternate Phone (____) _____

E-mail Address _____

Traditional _____ Advantage _____ Graduation Date: _____

Mark which degree you are ordering:

Master of Science _____	Bachelor of Ministry _____
Bachelor of Science _____	Associate of Science _____
Bachelor of Arts _____	Associate of Arts _____

Please state major(s) and minor(s) below:

Major 1 _____ Minor 1 _____

Major 2 _____ Minor 2 _____

Concentration _____

The diploma reorder fee is \$25.00. Please remit form and payment to:

Registrar's Office	<u>Credit Card</u>	Visa _____	MasterCard _____	Discover _____
Mid-Continent University	Card Number _____			
99 Powell Road East	Expiration Date _____			
Mayfield, KY 42066	Security Code (Last 3 digits) _____			
	Name of Card _____			

Your Signature _____ Date _____

(Must have original signature to process request)

Office Use Only:

Entered by: _____ Dated Entered: _____ Ordered: _____

Revised 8/28/17