



DIPLOMA - CERTIFICATE - DEGREE DUPLICATE REQUEST FORM

Student Number:

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Choose one: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree
Name of Diploma/Certificate/Degree:
Year Graduated:

Full Name and Address (please print clearly – your name will appear on your parchment as printed below)

Name:		
Street:		
City:		
Province:	Postal Code:	Phone:
Previous Name:		

Number of copies required _____ (\$61.00 per copy)

- Please mail to the above address *(will be mailed in seven (7) days)*
- Fax to: _____ *(\$7.25 charge for faxing)*
- Hold for pick up at Registration Centre after 7 days

Payment information:

A representative from the Cashier’s Office will call you for payment information. Do not submit credit card information on this form or by email.

Please fill out this form and submit in person to the cashier or by email to records@viu.ca for processing.

Dated: _____ **Student’s Signature** _____

FOR OFFICE USE ONLY	
Date Issued:	Issued By:
Copies to: <input type="checkbox"/> Student <input type="checkbox"/> Records <input type="checkbox"/> Accounting	