

DIPLOMA/CERTIFICATE ORDER FORM

<u>NOTICE TO STUDENTS</u>: Diplomas and certificates will be mailed to the current mailing address provided below. Please be sure to provide a valid mailing address; all returned diplomas/certificates will be held in the Records Office for pickup. Normal processing time is 6-8 weeks after conferral date. Processing time for replacement/duplicate diplomas or certificates is 4-6 weeks.

Payment must be submitted to the Business Office with completed form.

| Student information: | | | | |
|--|---|----------------|--------------------|------------------|
| Name (clearly print name as you wish for it to appea | ar on vour diploma/certificate) | Beln | nont ID# (required | |
| | , | | (14) | , |
| Current mailing address | City | State | ZIP Code | Phone number |
| Non-Belmont College email address | | | | |
| | | | | |
| List degree(s) and/or certificate(s) you wish to order: Degrees and certificates are automatically awarded and conferred at the end of the term in which the student successfully completes program requirements. | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| I am requesting: | | | | |
| Diploma \$25 ea. Qty: | Пв | enlacement/Du | nlicate Dinloma | \$25 ea. Qty: |
| Certificate \$15 ea. Qty: | _ | | | te \$15 ea. Qty: |
| Certificate \$15 ea. Qty. | | epiacement, bu | ipiicate certifica | ite \$15 ea. Qty |
| Are you a member of Phi Theta Kappa/Beta Theta Mu Chapter? | | | | |
| ACCOUNT HOLDS: Students must clear all account holds (Business Office, Financial Aid, etc.) and turn in iPad before diplomas/certificates can be mailed. Students will be notified by mail, to the address above, if an account hold exists. | | | | |
| If you have any questions, please call 740.695.8519, email us at records@belmontcollege.edu , or visit the Records Office located at the Main Campus. Please submit your diploma/certificate order request to the Business Office in person, or by mail (with payment, made payable to Belmont College) to: 68094 Hammond Road, St. Clairsville OH 43950. | | | | |
| To be completed by Business Office: | | | | |
| DATE: | FEE PAID: | _ | | |

INITIALS:

RECEIPT NO. _____