



## Diploma Request Form

Student I.D. Number: \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address diploma is to be shipped to:

\_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone:

Residence: \_\_\_\_\_ Business : \_\_\_\_\_

E-mail Address \_\_\_\_\_

**How would you like your name to appear on the Diploma?**

\_\_\_\_\_

Note: Diplomas are shipped six to eight weeks after the request is received.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A signature is required before a diploma can be issued.

Mail/fax this completed Diploma Request Form to:

Lori Stobbe  
Office of Open Learning  
160 Johnston Hall  
University of Guelph  
Guelph ON N1G 2W1

Fax: 519-767-1114