

MIDAMERICA
NAZARENE UNIVERSITY

REQUEST FOR A REPLACEMENT DIPLOMA

Office of the Registrar

2030 E. College Way, Olathe, KS 66062-1899

PHONE: 913.971.3296 - FAX: 913.971.3414 - EMAIL: registrar@mnu.edu

Full Name _____ MNU ID or SS# _____

Other Names/Maiden Names _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Degree for which you need diploma:

Undergraduate: AA _____ BA _____ BS _____ BSN _____ BMED _____ BBA _____

Graduate: MEd _____ MBA _____ MA/MAOA _____ MSM _____ MSN _____ MAC _____

Certificate: AEE _____ Post-Masters Certificates: Play Therapy _____ SATP _____

Post-Masters Certificates: Healthcare Admin _____ Healthcare QM _____ Nursing Ed _____ Public Health _____

Approximate date degree awarded: _____

Name EXACTLY as you would like it to appear on your diploma:

Please send my Replacement Diploma to the following address: (1) Address Above _____

OR (2) _____

****Please note that the diploma will take approximately 6 weeks to arrive****

Each Replacement Diploma Costs \$20

Amount Paid _____

Payment Options: Cash _____ Check _____ Check # _____

Visa _____ MasterCard _____ Discover _____ American Express _____

Card # _____ Exp Date ____/____

Signature: _____