

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 P	hone	Email	
Degree for w	hich you ned	ed diploma:	
Undergraduate: AA BA Graduate: MEd MBA Certificate: AEE Post- Post-Masters Certificates: Healthcare Adm Approximate da Name EXACTLY as you wo	MA/MAOA M Masters Certificate in Healthcare (te degree awa	ISM MSN MA es: Play Therapy S QM Nursing Ed arded:	C SATP Public Health
Please send my Replacement Diplon OR (2)			
**Please note that the diploma Each Replacement Diplom Payment Options: Visa MasterCard Card #	<i>ma Costs \$20</i> Cash Check Discover /	0 Amount P Check # American Express _	Paid
Signature:			