



DIPLOMA RE-ORDER FORM

Office of the Registrar

Student Name: _____
Please print name exactly as it is to appear on the diploma.

Phone Number: _____

Date of Birth: _____ **Social Security #:** _____
(last 4 digits)

Date of Graduation: _____
Month Day Year

Degree:

- Associate of Arts (AA)
- Bachelor of Arts (BA)
- Bachelor of Science in Education (BSE)
- Bachelor of Science in Nursing (BSN)
- Master of Arts in Christian Ministries (MAC)
- Masters of Arts in Theological Studies (MATS)
- Master of Arts in Education (MAEd)
- Master of Arts in Organizational Leadership (MAOL)
- Master of Business Administration (MBA)
- Master of Science in Nursing (MSN)

Mail Diploma to:

Price: \$35

Indicate Payment Method:

- Check
- Money Order
- Cash
- Credit Card _____
Card Number Exp. Date V-Code

*Check, Money Order, and Credit Card payments will be processed once the diploma has been mailed from our office to the recipient.

OFFICE USE ONLY		
ID #: _____	Date Diploma Ordered: _____	
<input type="checkbox"/> Owes	<input type="checkbox"/> Paid	Date Paid: _____

Return to Office of the Registrar
Phone: 330-471-8128 ♦ Fax: 330-471-8661 ♦ Email: registrar@malone.edu
Mail: Office of the Registrar, Malone University, 2600 Cleveland Ave. NW, Canton, OH 44709