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CERTIFICATION OF DEGREE - Order Form

Fields marked with an * are mandatory

						Personal I	nforn	nation				
*Full Name:	Surnam	rname:				First Name:	Add		dditional Name(s) :			
Former Name (if applicable):												
* Date of Birth:								University of Toronto Student Number:				
*Mailing Address: Street Number:						Street Name:						
Unit/Suite/Apartment:			City/Town/Munici			ipality:				Province/State:		
Postal Code/Zip Code:							Country:					
*Contact Telephone Number: Alt					Alternat	te Telephone Number:				*Email Address:		
Diploma Information												
* Degree Earned:							* Year of Graduation:					
* Faculty or School:								*Department or College:				
Please Mail To (if different from address listed above):								Payment Information				
Full Name:								* Please check one of the following:				
Street Name:							Cash					
							Money Order/Bank Draft					
Unit/Suite/Apartment: City/T			City/Tow	wn/Municipality:			Certified Cheque (not personal)					
Province/State:		Postal Code/Zip Code:		Country		ntry:	Fee: \$20.00 CAD per certification * Prices subject to change withou		without n	otifica	tion	
Attention Name:								* Please make payment payable to: The University of Toronto Last Revised: July 6, 2012				

Please return this form (with payment) to: Office of Convocation, University of Toronto

Simco Hall, 27 King's College Circle, Room 102 Toronto, ON M5S 1A1 Phone: (416) 978-3629 convocation.office@utoronto.ca

Office of Convocation - OFFICE USE ONLY							
Request Processed By:	Date:	Name on Diploma:					
		Degree Conferred:					
Mail In Person Delivered	Time:	Citation:					
Amount Received:	Date:						
		Date of Conferral:					
Received By:							
Fee Received: Cash Money Order/Bank Draft	Certified Cheque	Please see over for the above information					