



## REQUEST FOR REPLACEMENT DIPLOMA - Order Form

Fields marked with an \* are mandatory

Diploma Information	
* Degree Earned:	* Year of Graduation:
* Degree Earned:	* Year of Graduation:
* Degree Earned:	* Year of Graduation:
* Reason for Replacement:	* Student Number or DOB:
* Faculty or School:	* Department or College:

Personal Information			
*Full Name:	Surname:	First Name:	Additional Name(s) :
Former Name (if applicable):			
*Address:	Street Number:	Street Name:	
Unit/Suite/Apartment:	City/Town/Municipality:		Province/State:
Postal Code/Zip Code:		Country:	
*Contact Telephone Number:	Alternate Telephone Number:		*Email Address:
<p><b>Note 1:</b> Your name as it appears in the University's Repository of Student Information (ROSI) is the name that will appear on your diploma parchment.</p> <p><b>Note 2:</b> If you require your diploma to be delivered please complete the <b>Diploma Delivery Request Form</b> (fees for delivery are noted on the form).</p> <p><b>Note 3:</b> Replacement diplomas will held for one year after the date of re-issue and then destroyed.</p> <p style="text-align: center;">* Additional information and form(s) are available on our website at <a href="http://www.convocation.utoronto.ca">www.convocation.utoronto.ca</a></p>			

Payment Information
* Please check one of the following:
<input type="checkbox"/> Cash <input type="checkbox"/> Money Order/Bank Draft <input type="checkbox"/> Certified Cheque (not personal)
<p><b>Note 4:</b> The fee is \$80.00 CAD for <b>each</b> replacement diploma. Equivalencies in other currencies are not accepted. Please make payment payable to the University of Toronto.</p>

\_\_\_\_\_  
\* Signature of Graduate (original signature mandatory)

\_\_\_\_\_  
Date:

**Please return this form (with payment) to:**  
Office of Convocation, University of Toronto  
Simcoe Hall, 27 King's College Circle, Room 102  
Toronto, ON M5S 1A1

Phone: (416) 978-3629 convocation.office@utoronto.ca

Last Revised: June 30, 2011

Office of Convocation - OFFICE USE ONLY		
Amount Received:	Date:	Request Taken By:
<input type="checkbox"/> Statutory Declaration Attached	<input type="checkbox"/> Original Diploma Returned	
Fee Received:	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order/Bank Draft <input type="checkbox"/> Certified Cheque	