

DIPLOMA REQUEST FORM

FULL NAME: _____ ID NUMBER: _____

INSTITUTION TO BE PRINTED ON THE DIPLOMA:

GRADUATION DATE: _____

DEGREE: _____

YOUR CURRENT ADDRESS: _____

PHONE: _____

SIGNATURE: _____

THE COST OF THE DIPLOMA FACSIMILE IS \$45.00.

Please make check payable to Point Loma Nazarene University

Mail form and check to: Point Loma Nazarene University/Alumni Office
3900 Lomaland Drive
San Diego, CA 92106

Fax number: 619-849-2527

For Office Use Only

RECORDS OFFICE VERIFICATION

Graduation date: (Month, day, year) _____

Degree: _____

◇ cum laude ◇ magna cum laude ◇ suma cum laude

Verified by: _____

