

Please allow six to eight weeks for processing and mailing of the replacement diploma. Current graduate diplomas measure 11" by 14".

*Your diploma will be printed with the legal name in the official University record at the time the degree was conferred. If your name has changed, please indicate your name at the time your degree was conferred.*

There is a \$20.00 fee for each replaced/reprinted diploma. This fee will be assessed to your Virginia Tech account and billed to you by the Office of the University Bursar. Please do not attach payment to this form.

**Name when degree was conferred**

\_\_\_\_\_  
LAST/FAMILY NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

**Current name (if different)**

\_\_\_\_\_  
LAST/FAMILY NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

**Last 4 of VT ID #:** \_\_\_\_\_  
if known

**Date of Birth:** \_\_\_\_\_  
month/day/year

**E-mail Address:** \_\_\_\_\_  
@vt.edu account, preferred

**Daytime Phone:** \_\_\_\_\_  
 Home  Office  Mobile

**Address where replacement diploma should be sent:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
city state zip country

**Last 4 Digits of Social Security Number**

\_\_\_\_\_  
**Program**

**First Term of Enrollment**  
 FALL  SPRING  SUMMER I \_\_\_\_\_  
 SUMMER II

**Term of Completion**  
 FALL  SPRING  SUMMER I \_\_\_\_\_  
 SUMMER II

**Campus**  
 BLACKSBURG  HAMPTON ROADS  NATIONAL CAPITAL REGION  RICHMOND  
 ROANOKE  SOUTHWEST VIRGINIA  VIRTUAL

**Degree Level**  
 DOCTORAL  
 EDUCATION SPECIALIST  
 MASTERS  
 GRADUATE CERTIFICATE

**Number of Diplomas Requested:** \_\_\_\_\_

**Return your completed form to:**  
**Graduate School**  
Graduate Life Center  
at Donaldson Brown  
Virginia Tech (0325)  
Blacksburg, VA 24061  
Fax: 540/231-2039  
Email: grads@vt.edu

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
date

**Questions? Call 540/231-8636**