

**REPLACEMENT DIPLOMA ORDER FORM**

**NAME** \_\_\_\_\_  
(as it is to appear on the diploma)

**WIN** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT PHONE NUMBER** \_\_\_\_\_

**DEGREE AWARDED** \_\_\_\_\_

**DATE AWARDED** \_\_\_\_\_

**NOTE – Diploma fee is \$35.00. Please make checks payable to  
Wilkes University. Please allow 4-6 weeks for delivery.**

**Return payment and completed form to:**

**Wilkes University  
Registrar’s Office  
84 West South Street  
Wilkes-Barre, PA 18766**