



# REPLACEMENT DIPLOMA REQUEST

In an effort to provide the best possible services to our graduates we now print our diplomas on site. Replacement diplomas will bear the name of University of Arkansas Community College at Morrilton and may include more up to date signatures of the Dean, President of the University, and Chancellor.

If you select Hold for Pick-up, you will be contacted when your diplomas is ready.

## REGISTRAR'S OFFICE

1537 University blvd.  
Morrilton, AR 72110

(501) 977-2052  
Fax: (501) 354-7566  
registrar@uaccm.edu

www.uaccm.edu

**Name:** \_\_\_\_\_ **Student ID No.:** \_\_\_\_\_  
(Last Name) (First Name)

**Date of Birth:** \_\_\_\_\_ **Contact Phone No.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street address, P.O. Box, Rural Route, Etc.)

\_\_\_\_\_  
(City) (State) (Zip) (County)

**Delivery:**  
Hold for Pick-up (can only be picked up by graduate)  
Mail to Address Above

**Print Name:** \_\_\_\_\_  
(print name exactly as it was listed when enrolled at UACCM)

**Preferred Name for Diploma:** \_\_\_\_\_  
(if different from above)

**Term Degree Requirements Were Completed:**  
Spring Intersession Summer 1 Summer 2 Fall

**Year:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Number of Diplomas:** \_\_\_\_\_  
(\$20 each)

Payment can be made in person at the Student Accounts window in the University Center or by calling 501-977-2045. Your request can be submitted by the UACCM Registrar's Office **in person** at Room 215 in the University Center, **mail**, or **email**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student)

## OFFICIAL USE ONLY

**Degree:** \_\_\_\_\_

**Paid:** \_\_\_\_\_ **Honors:** \_\_\_\_\_ **Printed:** \_\_\_\_\_

**Date Awarded:** \_\_\_\_\_ **Mailed/Picked Up:** \_\_\_\_\_ **Initials:** \_\_\_\_\_