



HAWAI'I PACIFIC UNIVERSITY
 1164 BISHOP STREET, SUITE 216
 HONOLULU, HAWAI'I 96813
 PHONE: (808) 544-0239
 EMAIL: ptg@hpu.edu

OFFICE USE ONLY
DATE: _____
RECEIPT: _____

REQUEST FOR AN ADDITIONAL DIPLOMA

IDENTIFICATION (Student ID # or last 4 digits of SSN): _____

NAME: _____

Last Name
First
Middle

Name you used while at HPC/ HLC/ HPU if different from name above:

NAME AS YOU WISH IT TO APPEAR ON DIPLOMA (Please use upper and lower case) :

Degree: _____

Concentration/ Major: _____

Month & Year Completed: _____

Honors Shown on Diploma: _____

Mailing Address (Please print legibly):

Name: _____

Street: _____

City/State/Zip Code: _____

Country: _____

Phone #: _____ Email: _____

STUDENT'S SIGNATURE: _____ Date: _____

(Digital signatures not accepted)

DIPLOMA PROCESSING FEE: \$25

Request for Diploma Cover: +\$10

Please enclose with this order form: U.S. Check/ Money Order payable to **Hawai'i Pacific University** or

Credit Card: VISA _____ MasterCard _____

Credit Card Number	Exp. Date	3 Digit Card Code
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Diplomas will be processed once a month as orders are received. Please allow approximately 4-6 weeks for processing and delivery.