



Texas Health and Science University

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DUPLICATE DIPLOMA REQUEST

Date: _____ Date of last attendance: _____

Name: _____ Phone number: _____

Email: _____

I, _____, am requesting that my THSU duplicate diploma be sent to the following address:

Diploma level (Bachelor, Masters and/or Doctorate): _____

Number of diplomas: _____

I authorize the release of my diploma to the person or institution listed above.

Student's signature required

Date

Student's name and mailing address (please print):

COSTS: Duplicate diploma \$25.00 each

For Administrative Use

Total Amount Enclosed: _____ Received by: _____ Date: _____
Registrar Approval: _____ Date: _____
Senior Administrator Approval: _____ Date: _____
Academic Dean Approval: _____ Date: _____
President Approval: _____ Date: _____
Transcript Sent by: _____ Date: _____