DIPLOMA REQUEST FORM

A Babson graduate may request a replacement diploma in the event that the original was either lost or destroyed. The name printed on the replacement diploma will be the name in which the student graduated under. Most often an exact copy of the original diploma cannot be located; as a result, the replacement diploma may have an updated format and bear the signatures of the current College President and Chair of the Board of Trustees.

Only one replacement diploma may be issued per student for each degree earned. The fee for a replacement diploma is fifty dollars ($50.00) per degree. Payment may be made by check only. Make checks payable to Babson College.

Complete the information below. Mail the completed Diploma Request Form along with a $50.00 check made payable to Babson College. Use the mailing address listed above. Requests are typically processed within one to two weeks once received. Incomplete requests will not be processed. The diploma will be mailed to the address listed below.

______________________________________________          __________________________________________________
NAME, AS ATTENDED     DATE OF BIRTH

______________________________________________          __________________________________________________
TELEPHONE NUMBER     EMAIL ADDRESS

______________________________________________          __________________________________________________
DATES OF ATTENDANCE     GRADUATION DATE

______________________________________________          __________________________________________________
PROGRAM (Undergraduate / Graduate)     DEGREE RECEIVED

Mail Diploma To:

______________________________________________          __________________________________________________
NAME

______________________________________________          __________________________________________________
STREET ADDRESS

______________________________________________          __________________________________________________
CITY      STATE  ZIP CODE      COUNTRY

______________________________________________          __________________________________________________
SIGNATURE         DATE

OFFICE OF THE REGISTRAR USE ONLY
Processed By: ___________________________          Date Processed: ____________________