



Diploma Request

I, _____, would like to request a copy of my diploma.
Student Name

Student ID Number or D.O.B.: _____

Degree: _____

Graduation Date: _____

Your name exactly as you would like it to appear on your diploma:

Student Signature: _____

Please select one of the following:

Please call (____) _____ - _____ when ready for pick-up.

Please mail to: _____

The cost for the reproduction of a diploma is \$25.

Requests can be made in-person, by fax, or through the mail.

Mail: Office of the Registrar
Dominican University
7900 W Division Street
River Forest, Illinois 60305

Fax: (708) 524-6943

In-person: Lewis Hall, Room 115

**Pay by cash, check or money order.
Make check or money order payable to
Dominican University**

**When faxing a request to (708) 524-6943,
payments can be made by using Dominican's
eMarket link below and selecting "Replacement
Diploma." Please include a copy of the receipt
with your diploma request.**

<https://commerce.cashnet.com/%20domgem>