



**TANEJA COLLEGE OF PHARMACY
REPLACEMENT/DUPLICATE DIPLOMA
REQUEST FORM**

Student ID Number _____ Graduation Date _____

Clearly print your name as you would like it to appear on your diploma. Your first and last name must match the name on file with the Taneja College of Pharmacy (you may choose to include any suffix or middle name that you wish).

First Middle Last

Diploma Mailing Information:

Street Address

City State Zip

Telephone Number Email Address

Signature Date

***Diploma will not be issued to any student who has an outstanding financial obligation to the University.

The completed form and receipt of payment for the \$10 fee (paid online at https://secure.touchnet.com/C20235_ustores/web/store_main.jsp?STOREID=138) can be sent to the Records and Registration Office in MDC 1117, mailed to the Taneja College of Pharmacy at the address below, or faxed to (813) 905-9890.

Please allow at least six weeks for delivery.