

## **DIPLOMA ORDER FORM**

| Student ID:   |  |  |
|---|--|--|
| Name  |  |  |
| Last  | First Middle                                 |  |
| Mailing Address                                       |  |  |
|   | City State Zip                               |  |
| Primary Phone   | Alternate Phone                              |  |
| Name for Diploma<br>Please print your name <u>I</u>   | EXACTLY as you wish it to appear on diploma. |  |
| Degree  | Major  |  |
| Honors  | Graduation Date                              |  |
| Signature   | Date   |  |
| Please allow six to eight weeks for delivery of diplo | ma.  |  |
| University of North Texas at Dallas                   |  |  |
| Office of the Registrar                               |  |  |
| 7300 University Hills Blvd.                           |  |  |
| Dallas, Texas 75241-4605                              |  |  |

(972) 780-3664 (972) 338-1939 (fax) registrar@untdallas.edu