

**UNIVERSITY OF NORTH GEORGIA
REPLACEMENT DIPLOMA ORDER**

UNG ID#:	Date:			
Full Name				
Name to be Printed on Diploma:				
Previous Name:				
Degree	<input checked="" type="checkbox"/>	Associate of Arts (AA)	<input checked="" type="checkbox"/>	Master of Arts in History (MA)
	<input checked="" type="checkbox"/>	Associate of Science (AS)	<input checked="" type="checkbox"/>	Master of Arts in International Affairs (MAIA)
	<input checked="" type="checkbox"/>	Associate of Applied Science (AAS)	<input checked="" type="checkbox"/>	Master of Arts in Teaching (MAT)
	<input checked="" type="checkbox"/>	Associate of Science of Nursing (ASN)	<input checked="" type="checkbox"/>	Master of Business Administration (MBA)
	<input checked="" type="checkbox"/>	Bachelor of Arts (BA)	<input checked="" type="checkbox"/>	Master of Education (MEd)
	<input checked="" type="checkbox"/>	Bachelor of Business Administration (BBA)	<input checked="" type="checkbox"/>	Master of Music (MM)
	<input checked="" type="checkbox"/>	Bachelor of Applied Science (BAS)	<input checked="" type="checkbox"/>	Master of Public Administration (MPA)
	<input checked="" type="checkbox"/>	Bachelor of Fine Arts (BFA)	<input checked="" type="checkbox"/>	Master of Science (MS)
	<input checked="" type="checkbox"/>	Bachelor of Science (BS)	<input checked="" type="checkbox"/>	Master of Science in Physical Therapy (MSPT)
	<input checked="" type="checkbox"/>	Bachelor of Science in Nursing (BSN)	<input checked="" type="checkbox"/>	Educational Specialist (EdS)
	<input checked="" type="checkbox"/>	Doctor of Physical Therapy (DPT)		Certificate in _____
<p>* Name Changes requested after this form has been submitted may incur a \$30 re-order fee. ** Diplomas mailed out of the country will incur an additional fee.</p>				
Graduation Date:				
Address to send diploma:				
Daytime Phone number:				
E-Mail Address:				
Signature				

THE DIPLOMA REPLACEMENT FEE IS \$ 20.00. PAYMENT (CHECK OR MONEY ORDER) CAN BE MAILED TO THE REGISTRAR'S OFFICE. DIPLOMAS MAILED OUT OF THE COUNTRY WILL INCUR AN ADDITIONAL FEE.

Office of the Registrar
PO BOX 1358
Gainesville, GA 30503
678-717-3643

If you need this document in another format, please email the [Registrar's Office](#) or call 706-864-1760.