

Important Notices: Please print clearly

- **Complete this form if** you require a Replacement of your diploma(s)
- A separate form will be required for each different Degree/Diploma you require and fees as stated will apply to each - include page 2.
- Forward request to the Registrar's Office email ur.graduation@uregina.ca, fax 306.585.5203 or drop off at AH 210.
- Enclose the appropriate processing fee.
- "Replacement" will be printed on each diploma
- Allow 7 days for processing.

1. Student Information									
Student ID Number:									
Current Name <i>(include accents, mixed case, and hyphens)</i> :									
Name at the time of Convocation <i>(if different than above)</i> :									

2. Degree Information
Degree received:
Date received <i>(date awarded, if known)</i> :
Special designations <i>(distinction, internship, coop, etc.)</i> :

3. Pickup or Mailing Information			
Email Address:			
<input type="checkbox"/> I would like to pick up the diploma when it is ready <i>(Photo Identification will be required)</i>			
<input type="checkbox"/> I would like to have the diploma mailed to me at the following address			
Street Address			
City/Town	Province	Postal Code	Daytime Phone Number:

4. Payment Information
<p>The University of Regina will charge for one replacement diploma, a rate of \$45.00 (includes handling fee and G.S.T. to Canadian destinations*). Acceptable forms of payment are: cash, credit card, personal cheque or money order made payable to the "University of Regina". All payments must be received and processed prior to the printing of the diploma. <i>*For diplomas being sent to the United States and all other destinations, you will be charged current Fed EX rates.</i></p>

<input type="checkbox"/> Cash/Debit	Receipt #: _____
<input type="checkbox"/> Cheque	Credit Card Number: _____
<input type="checkbox"/> MC/VISA	Credit Card Expiry: <i>Month</i> _____ <i>Year</i> _____
<input type="checkbox"/> Money Order	Cardholder's Signature: _____

Total number of Replacement diplomas requested:	Amount Enclosed: \$ _____
<i>I hereby certify that the information provided above is correct and complete.</i>	Date: _____
Student's Signature: _____	

Student's Signature upon pick up: _____	Date: _____
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Return form with payment directly to:
 Registrar's Office, AH 210
 University of Regina
 3737 Wascana Parkway
 Regina, SK S4S 0A2
 V: 306.585.4175 E: ur.graduation@uregina.ca

STATUTORY DECLARATION
Justification for Replacement Diploma

Please print.

I, _____

of the City of _____ in the Province of _____

do solemnly declare

1. That my true and legal name is as shown above.
2. That my name on University of Regina records was as shown above or was

3. That I am unable to return the diploma originally issued to me by the University of Regina because it has been lost, damaged, or destroyed.

4. That I make this declaration for the purpose of identifying myself to the University of Regina and to qualify for the issuance of a replacement diploma certifying my status as having graduated with the degree of

Year (e.g., 2011) _____ Faculty _____

5. Sign the form in the presence of a Commissioner of Oaths.

COMMISSIONER OF OATHS (please read)

A Commissioner of Oaths has the power to administer oaths required by legislation or regulation. In addition to a person authorized by the Minister of Justice to act as a commissioner of oaths, the following, by virtue of his/her status, may receive oaths: court clerk and deputy clerk; lawyer; notary; mayor, clerk, and secretary-treasurer in all municipalities, but only within the limits of his/her municipality; the Secretary General, associate secretary general, and associate secretary of the National Assembly; justice of the peace.

<p>Declared before me at the City of _____</p> <p>in the Province of _____</p> <p>this _____ day of _____</p> <p>20____.</p> <p>_____</p> <p>Commissioner of Oaths</p> <p>_____</p> <p>Declarant</p> <p>_____</p> <p>Note: Declarant must sign this form before a Commissioner of Oaths.</p>	<p><u>Commissioner Contact Information:</u></p> <p>_____</p> <p>Name (please print)</p> <p>_____</p> <p>Telephone Number (including area code)</p> <p>_____</p> <p>Please affix stamp/seal below.</p>
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