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Only notarized requests will be processed. Requests cannot be processed without a signature, therefore email and telephone requests cannot be honored. We are unable to print a replacement diploma for anyone other than the graduate. The cost for replacement diploma is \$50.00. Please include check made payable to "Philadelphia College of Osteopathic Medicine" when submitting form.

Personal Information Please PRINT

NAME WHEN ATTENDED PCOM:

Last First Middle

ADDRESS WHERE WOULD LIKE DIPLOMA SENT:

SSN/Banner ID: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Email: _____ Phone Number: (____) _____ - _____

Program/Degree: _____ Graduation Date: _____

Campus Attended: Philadelphia Georgia

DIPLOMA Information: Print your new name exactly the way it should appear on your records

NAME AS YOU WANT IT TO APPEAR ON DIPLOMA: (If this is a change of Name, please attach Change of Name form with appropriate documentation)

Last First Middle

Signature: _____ Date: _____

NOTARY:

This is to certify that _____ appeared before me on _____ day
of _____
month and year

Notary Signature

Date

Notary Seal