UNT Dallas
Office of the Registrar

# DIPLOMA ORDER FORM

**Student ID:** _____

**Name** _____
**Last** **First** **Middle**

**Mailing Address** _____
**Street** **City** **State** **Zip**

**Primary Phone** _____ **Alternate Phone** _____

**Name for Diploma** _____
**Please print your name 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 diploma.

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(972) 338-1939 (fax)
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