



MID-AMERICA BAPTIST THEOLOGICAL SEMINARY

Request for Duplicate/Replacement Diploma

Last Name*: _____ First Name: _____ Middle Initial _____

Name on original diploma (if different from above): _____

Student ID/SSN: _____

Date of Graduation: _____ Degree Received: _____

Number of Diplomas Requested: _____ x \$50.00 per diploma = \$ _____ Total

Daytime Phone: (____) - _____ Email: _____

Name on New Diploma: _____

Address to be mailed: _____

Signature: _____ Date: _____

Mail form and \$50.00 per duplicate diploma requested to:

Mid-America Baptist Theological Seminary

Office of the Registrar

Attn: Diploma Order

2095 Appling Road

Cordova, TN 38016

*If replacement is due to name change, we require a copy of Social Security card with new name or copy of marriage license or other legal document

**Order will not be processed until payment is received

***Please allow 6-8 weeks for processing and delivery

Office Use Only:

Graduation Term: _____

Degree: _____

Commencement Date: _____

Payment Type: _____

Order Place Date: _____

Order Receive Date: _____

Order Mailed Date: _____