

ROSEMAN UNIVERSITY OF HEALTH SCIENCES
DUPLICATE DIPLOMA ORDER FORM

OFFICE OF THE REGISTRAR/STUDENT SERVICES

Roseman University of Health Sciences issues only one diploma to each student. Only under special circumstances will a one-time request for a diploma be re-issued. The re-issued diploma will be printed exactly as the original except the current officer's signatures will appear. The diploma will be marked with, "Duplicate Diploma if the original is not surrendered. Once the duplicate diploma order has been placed, **it can take up to 6-8 weeks** for arrival. Notification will be sent once request has been processed.

REQUIRED DOCUMENTATION

Enclose a clear copy of a NON-EXPIRED government-issued photo ID, damaged diploma and if theft or fire a copy of report.

PAYMENT

\$50.00 payment must accompany your request and the check or money order made payable to "Roseman University of Health Sciences."

SUBMISSION OPTIONS *Fax: (702) 968-1643* *Email: diploma@roseman.edu*

- **IN PERSON:** *Option 1:* Bring completed Form to the Registrar's Office (after having paid online)
Option 2: Take Form to the Bursar's Office to make payment in person than bring to Registrar's Office
- **BY FAX:** Fax completed Form after having paid online (link above) to: (702) 968-1643 (online payment confirmation can be printed and included)
- **BY EMAIL:** Email Form after having paid online (link above) to registrar@roseman.edu (online payment confirmation can be printed and included)
- **BY POSTAL MAIL:** Mail Form to the respective campus address after having paid online (link above) or with other form of payment (*not cash*) to:

HENDERSON CAMPUS: Roseman University of Health Sciences
 Office of the Registrar/Student Services
 Attn: Duplicate Diploma
 11 Sunset Way
 Henderson, NV 89014

SOUTH JORDAN CAMPUS: Roseman University of Health Sciences
 Office of the Registrar/Student Services
 Attn: Duplicate Diploma
 10920 S. Riverfront Parkway
 South Jordan, UT 84095

FAX: 702-968-1643 **EMAIL: diploma@roseman.edu**

STUDENT/ALUMNI CONTACT INFORMATION			Student ID # 0000 _____
Last Name	First Name	MI	Phone Number
Address		City	State Zip
Student Email Address @student.roseman.edu		Alternate Email Address	

CAMPUS AND PROGRAM INFORMATION				
<input type="checkbox"/> HENDERSON CAMPUS		<input type="checkbox"/> SOUTH JORDAN CAMPUS		
DENTAL: DMD Class of 20 ____ ORTHO: AEODO Class of 20 ____	MBA: MBA Class of 20 ____	NURSING: ABSN: Feb, Class of 20 ____ April, Class of 20 ____ July, Class of 20 ____ Aug, Class of 20 ____ Oct, Class of 20 ____	NURSING: BSN: Class of 20 ____	PHARMACY: Pharm Class of 20 ____ Pharm/MBA Class of 20 ____

REASON FOR REISSUANCE
Fire/Theft/Loss (Please provide a copy of the insurance claim and/or police report if available)
Damage (Original diploma must be returned to the Registrar/Student Services Office)

PROCESSING INFORMATION
Diploma to be mailed to address listed above
Diploma to be picked-up by me

I have enclosed the necessary documentation, including a clear copy of my non-expired government-issued photo ID and payment of \$50.00 (no cash).

STUDENT/ ALUMNI SIGNATURE: _____ **DATE:** _____
 (Hand -signature required for processing)