



Office of the University Registrar and International Services

PROCEDURE FOR OBTAINING A REPLACEMENT DIPLOMA

An individual seeking replacement of his/her diploma may obtain one by completion of the application below and submission of the requisite fee of \$50, payable to the *University of Medicine and Dentistry of New Jersey* and mailed to the following address:

**Marie Shebunchak
Office of the University Registrar and International Services
SSB, Room GA-72
65 Bergen St.
Newark, NJ 07101-1709**

Once your new diploma is received from the University's supplier, you will be so notified and arrangements can be made to have it sent to you by registered mail or picked up in person. **Please note: replacement diplomas will take approximately 6 – 8 weeks to be returned to this office from our supplier.**

APPLICATION FOR REPLACEMENT OF DIPLOMA

PLEASE TYPE OR PRINT CLEARLY (If form is printed for fill-in at a later time)

SECTION A

- 1. a. Current Legal Name: _____
b. Name on Diploma (if different): _____
- 2. Social Security Number or Date of Birth: _____
- 3. Current Address: _____
- 4. Current City, State, Zip: _____
- 5. Current Telephone Number:(ex. 5551234567, no dashes) _____
- 6. Email Address: _____
- 7. Date of Graduation (mm/dd/yyyy): _____
- 8. Specific Degree Received (e.g., BS, MD, PhD, DMD, etc.): _____
- 9. Full name of school at graduation (e.g., Seton Hall College of Medicine or Dentistry, CMDNJ-New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers Medical School, New Jersey Dental School, etc.)

- 10. Explanation of circumstance of loss/damage or reason for request:

- 11. Return of damaged diploma, if available
OR
For name change, return original diploma
- 12. Notarized signature (for all requests) **Complete Section C (Page 2)**
- 13. If you seek a diploma due to a name change, **Complete Section B and C (Page 2)**



NAME CHANGE AFFIDAVIT
(For Use in Ordering a Replacement Diploma in New Name)

PLEASE TYPE OR PRINT CLEARLY (If form is printed for fill-in at a later time)

SUPPORTING DOCUMENTS FOR THIS LEGAL/OFFICIAL NAME CHANGE MUST BE PROVIDED ALONG WITH THIS APPLICATION. VALID DOCUMENTS INCLUDE, BUT ARE NOT LIMITED TO: BIRTH CERTIFICATE, MARRIAGE LICENSE, DIVORCE DECREE, SOCIAL SECURITY CARD OR PASSPORT

SECTION B

STATE OF: _____

COUNTY OF: _____

Being of full age and being duly sworn according to law, upon my oath I herein certify that:

1. The name that appears on my birth certificate is:

2. I have changed my name to:

3. I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.
4. I am making this Affidavit in order to aid the appropriate agencies in correcting or adjusting my records.

TO BE COMPLETED BY ALL APPLICANTS

SECTION C

SIGNATURE

_____/_____/_____
DATE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS DATE: _____

NOTARY PUBLIC