

**Student Information**

**Family Name** \_\_\_\_\_ **Concordia ID Number** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
DAY MONTH YEAR

**Address** \_\_\_\_\_ **Telephone (Day)** \_\_\_\_\_  
STREET ADDRESS APT. AREA CODE

\_\_\_\_\_ **Telephone (Evening)** \_\_\_\_\_  
CITY PROVINCE POSTAL CODE AREA CODE

**E-mail** \_\_\_\_\_

**Degree you received**  
(Honours/Major/Specialization) \_\_\_\_\_

**Date it was conferred** \_\_\_\_\_

**From which of the following institutions did you graduate?**

- Concordia University     Sir George Williams University     Loyola College of Montreal

**Do you want your replacement degree printed as:**

- Bachelor     Master     Doctor     Graduate Diploma     Graduate Certificate

**OR**  Baccalaureate    **OR**  Magisteriate    **OR**  Doctorate

**Do you want your replacement degree printed in:**

- English or  French

**This form must be accompanied by a Replacement Degree Affidavit.**

**The Replacement Degree is requested for one of the following reasons:**

- The original degree has been misplaced or destroyed.
- The original degree was never picked up.
- The original degree has been defaced. I agree that I must return my original degree to Enrolment Services of Concordia University before receiving my Replacement Degree.
- My name has changed since receiving the original degree. I agree that I must return my original degree along with certified copies of legal documents to substantiate this change of name, to Enrolment Services of Concordia University before receiving my Replacement Degree. I also agree that I may not request a second Replacement Degree should my name be changed again.

My name, as it appeared on my degree, was: \_\_\_\_\_

**The University reserves the right to refuse any application where in its sole judgement, satisfactory evidence has not been provided by the applicant. There will be a fee of \$100 for this replacement degree.**

- To be **Picked up**. **OR**  Please **mail** the replacement degree. (see mailing options on payment page)
- I would like \_\_\_\_ certified copies of my replacement degree.  
 (\$10 additional charge per copy)

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Please see reverse)

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Mailed	Name: _____	Signature: _____	Date: _____
	<input type="checkbox"/> Picked up			

**Payment Information**

The total amount can be paid by credit card (VISA or MasterCard), provide the information below.

PLEASE PRINT CLEARLY

Student ID #	Student Family Name	Student First Name
<b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		Replacement Degree \$ <u>100.00</u>
<b>PLEASE NOTE:</b> We do not accept Visa or Mastercard Debit.		Quantity: _____ Certified Copies (\$10 each) \$ _____ \$35 – Express Post to CDN & US addresses (typically 3-5 business days) / Registered mail to international addresses (typically 3 to 12 weeks). \$ _____ <b>OR</b> \$60 – Courier to North America / South America / Caribbean / Europe (typically 4 – 7 business days). This option is not available within Canada. \$ _____ <b>OR</b> \$85 – Courier to Asia / Africa / Australia and Oceania (typically 4 – 7 business days) \$ _____ <i>Note: Courier rates may be higher or unavailable for certain destinations. If applicable, we will contact you with the rate prior to processing your request.</i>
		<b>Total Amount:</b> \$ _____
<b>Credit Card Number:</b> _____ - _____ - _____ - _____		<b>Expiry Date:</b> _____ - _____ <small style="margin-left: 100px;">MM                      YY</small>
<b>Phone:</b> ( _____ ) _____		
<b>PLEASE SIGN</b> <b>Cardholder's Signature:</b> _____		

**IMPORTANT NOTES:**

1. Payment will not be processed without a signature and total amount indicated.
2. We do not accept cheques, money orders or bank drafts.
3. Concordia University will not be responsible for additional costs associated with diplomas returned as unclaimed or with incomplete/incorrect mailing addresses.
4. The Application for Replacement Degree **must be accompanied by a completed Replacement Degree Affidavit.**

*Forms received without the above will not be processed.*

**E-MAIL** – To send the completed form via e-mail (with credit card payment): replacementdegree@concordia.ca

**FAX** – To send the completed form via fax (with credit card payment): 514-848-2837 (Attention: Events Office)

**MAIL** – To send the completed form via mail (with credit card payment):

Concordia University  
 Enrolment Services: Attention – Events Office  
 1455 De Maisonneuve Blvd. West, FB-900  
 Montreal, Quebec H3G 1M8

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(PLEASE PRINT)

**Family Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Concordia ID Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

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I, \_\_\_\_\_, residing at \_\_\_\_\_

in the City of \_\_\_\_\_, District of \_\_\_\_\_, being duly

sworn, to hereby depose and say:

THAT I was admitted to the degree of \_\_\_\_\_, by

\_\_\_\_\_, Faculty/School of

\_\_\_\_\_, in the year

\_\_\_\_\_.

THAT the original diploma issued to me by \_\_\_\_\_

- has been defaced (I will return the original)
- has been lost / destroyed
- was never picked-up
- needs to be replaced due to a name change (I will return the original)

THAT I have made every effort to find the aforesaid diploma before applying for a replacement diploma.

Sworn to me at the City of \_\_\_\_\_

AND I HAVE SIGNED:

\_\_\_\_\_.

that \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Commissioner for Oaths (Signature and stamp)