

Student Information

PLEASE PRINT CLEARLY

Family Name _____ **Concordia ID Number** _____

First Name _____ **Date of Birth** _____
DAY MONTH YEAR

Address _____ **Telephone (Day)** _____
AREA CODE/COUNTRY CODE

CITY PROVINCE **Telephone (Evening)** _____
AREA CODE/COUNTRY CODE

COUNTRY ZIP / POSTAL 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 Doctorate 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. (must be picked up within 30 days)

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** _____

OFFICE USE ONLY	Mailed Name: Payment Processed	Signature:	Date:
-----------------------	-----------------------------------	------------	-------

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
Credit Card: Visa Mastercard		Replacement Degree \$ <u>100</u>
PLEASE NOTE: We do not accept Visa or Mastercard Debit.		
_____ (quantity) Certified Copies (\$10 each)		\$ _____
(typically 3-5 business days) / Registered mail to international addresses (typically 3 to 12 weeks)		\$ _____
OR		
\$60 — Courier to North America / South America / Caribbean / Europe (typically 4 – 7 business days). This option is not available within Canada		\$ _____
OR		
\$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>		
Total Amount:		\$ _____
Credit Card Number: _____ - _____ - _____ - _____		
Expiry Date: _____ - _____ <small style="margin-left: 40px;">MONTH YEAR</small>		
Phone: (_____) _____		
PLEASE SIGN Cardholder's Signature: _____		

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

PLEASE PRINT

THIS AFFIDAVIT MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR OATHS.

Family Name _____

First Name _____

Concordia ID Number _____

Email _____

I, _____, residing at _____, 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 _____

Stamp and signature of Commissioner for Oaths (NOTE: This is not to be signed by the applicant)