

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)

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

Payment Information

The total amount can be paid by:

- Certified cheque, money order, or bank draft payable to Concordia University.
- Credit card (VISA or MasterCard) provide the information below.

| Student ID # | Student Family Name | Student First Name |
|--|---------------------|--|
| Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | | Replacement Degree \$ 100.00 |
| PLEASE NOTE: We do not accept Visa or Mastercard Debit. | | Quantity: _____ Certified Copies (\$10 each) \$ _____ \$32 – Express Post to CDN & US addresses (typically 3-5 business days) / Registered mail to international addresses (typically 3 to 12 weeks). \$ _____ |
| | | OR |
| | | \$60* – Courier to international addresses (typically 4-6 business days). This option is not available for destinations in Canada and the United States. *Note: rates may be higher for destinations in conflict zones. If applicable, we will contact you with therate prior to processing your request. \$ _____ |
| | | Total Amount: \$ _____ |
| Card Number: _____ - _____ - _____ - _____ | | Expiry Date: _____ - _____ <small>MM YY</small> |
| 3 Digit CVD Security Code: _____ (Located on back of card) | | |
| Phone: (_____) _____ | | |
| PLEASE SIGN Cardholder's Signature: _____ | | |

IMPORTANT NOTES:

1. *Payment will not be processed without a signature and total amount*
2. *Concordia University will not be responsible for additional costs associated with diplomas returned as unclaimed or with incomplete/incorrect mailing addresses.x*
3. *The Application for Replacement Degree **must be accompanied by a completed Replacement Degree Affidavit***

To send the completed form **via e-mail** (with credit card payment):

replacementdegree@concordia.ca

To send the completed form **via fax** (with credit card payment):

514-848-2837
 Attention – Events Office

To send the completed form **via mail** (with certified cheque, money order or bank draft payment):

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

(PLEASE PRINT)

Family Name _____

First Name _____

Concordia ID Number _____

E-mail _____

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)