NIPISSING UNIVERSITY

Office of the Registrar
100 College Drive, Box 5002, North Bay ON P1B 8L7
705.474.3461 extension 4514 | Fax: 705.495.1772
Email: transcripts@nipissingu.ca

Request for Degree/Diploma Replacement

PLEASE READ THIS PRIOR TO PLACING YOUR REQUEST

- All diploma/degree requests, including duplicate requests, are non-refundable.
- Degree replacement may take up to 2 weeks to process, following receipt of completed form and payment.
- The cost of each diploma is $35.00. Payment is required prior to processing request.
- Outstanding fees will prevent release of diploma.

OPTIONAL ADDITIONAL MAILING CHARGES

Courier Charges
$8 to Ontario
$20 to other Canadian Provinces
$30 anywhere in the United State
$50 to all other countries

Fax/Email Charges
$4 per fax/email

STUDENT INFORMATION

Student ID:_____ Birthdate:_____/_____/_____
(Not mandatory if date of birth provided) Month Day Year

Last Name: _____

First Name:_____ Middle Name: _____

Former Name(s) (if applicable): _____

Email:_____

Current Address: _____

_____

Contact Telephone: _____

Student Signature: _____

DIPLOMA RECIPIENT #1

Recipient Name: _____

Quantity: _____

SEND BY:	FEE:	
☐ Regular mail	$35	Mailing Address:
☐ Email only	$35	Email Address:
☐ Regular mail & email	$39	
☐ Regular mail & fax	$39	Fax number:
☐ Courier (not available to PO boxes)	See above	Phone number:
FEE SUBTOTAL:		(phone required for courier only)

DIPLOMA RECIPIENT #2

Recipient Name: _____

Quantity: _____

SEND BY:	FEE:	
☐ Regular mail	$35	Mailing Address:
☐ Email only	$35	Email Address:
☐ Regular mail & email	$39	
☐ Regular mail & fax	$39	Fax number:
☐ Courier (not available to PO boxes)	See above	Phone number:
FEE SUBTOTAL:		(phone required for courier only)

Use additional forms for more than 2 recipients.

PAYMENT INFORMATION

FEE TOTAL: _____

Online Banking Payment Confirmation #: _____

During campus closures due to COVID-19, we can only accept payment through Online Banking.
Use the "Pay Bills" option available through your bank. The account number is your 7-digit student number.
If you do not know your student number, please contact transcripts@nipissingu.ca.

FOR OFFICE USE ONLY

Amount paid: _____
Received by: _____
Date sent: _____

PROTECTION OF PRIVACY Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992.
Pursuant to the Freedom of Information and Protection of Privacy Act, you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs".
Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services.
Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.