

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 RE	ad Th	IIS PRIOR TO PLACING YOUR	REQUEST	STUDENT INFORMATION	
All diploma/degree requests, including duplicate requests, are non-refundable.				Student ID: Birthdate: /// (Not mandatory if date of birth provided) Month Day Year	_
 Degree replacement may take up to 2 weeks to process, following receipt of completed form and payment. 				Last Name:	
 The cost of each diploma is \$35.00. Payment is required prior to processing 					_
request.				First Name:Middle Name:	
 Outstanding fees will prevent release of diploma. 				Former Name(s) (if applicable):	_
OPTIONAL ADDITIONAL MAILING CHARGES				Email:	-
Courier Charges Fax/Email Cl \$8 to Ontario \$4 per fax/em				Current Address:	•
\$20 to other Canadian Provinces \$30 anywhere in the United State \$50 to all other countries				Contact Telephone:	
				Student Signature:	
DIPLOMA RECIPI	ENT:	#1 Recipient Name:			
		SEND BY:	FEE:		
Quantity:		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:					
		SEND BY:	FEE:		
Quantity:		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:	
TEE GODIONE.				(phone required for courier only)	
Use additional forms for more than 2 recipients.					
PAYMENT INFORMATION FEE TOTAL:				FOR OFFICE USE ONLY	
Online Banking Payment Confirmation #:				Amount paid:	
During campus closures due to COVID-19, we can only accept payment through Use the "Pay Bills" option available through your bank. The account number is y If you do not know your student number, please contact transcripts@nipissingu.				s your 7-digit student number. 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.