



**Southeastern University**

**Diploma Order Form**

**(Return to Office of the Registrar, Graduate School USA, 600 Maryland Ave., S.W., Suite 120**

**Washington, DC 20024)**

**Fax: (202) 479-2501**

**Student Name:** \_\_\_\_\_

**Last**

**First**

**Address:**

**City, State, Zip:**

**Email Address:** \_\_\_\_\_ **Phone (Home)** \_\_\_\_\_ **Phone (Work)** \_\_\_\_\_

**Please print your name as it should appear on your degree.**

**First Name**

**Middle Name or Initial**

**Last Name**

**Date of Birth**

**Email Address**

**Degree Program Please Check One**

☐ **Associate of Science** ☐ **Associate of Arts**

☐ **Bachelor of Science**

☐ **Master of Business Administration** ☐ **Master of Public Administration** ☐ **Master of Science**

**Major** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Method of Payment:** (If not cardholder, provide cardholder's name and email address below.)

**Cardholder's Name:** \_\_\_\_\_ **Cardholder's Email Address:** \_\_\_\_\_

**Cardholder's Zip Code:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_ **Payment:** • **Visa** • **MasterCard** • **American Express**

**Card #** \_\_\_\_\_ **CVC:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Check#:** \_\_\_\_\_

**\*There is a fee of \$80.00 to obtain a duplicate diploma. Payment must be received before the order is processed.**

**Please allow three weeks for processing.**

**For Staff Use Only: Date Paid:** \_\_\_\_\_ **Received By:** \_\_\_\_\_