



Diploma Request Form

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____ (As appears on ID card)

Current Enrollment: _____ (Program- Semester)

Address: _____

City, State, Zip: _____

Country: _____

Contact number: _____

REQUEST INFORMATION

Number of Diplomas requested: _____ (Please Note: There is a fee of \$100 per diploma. All copies will be mailed to the following address.)

Where would you like your diploma(s) to be mailed?

Recipients Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Contact number: _____

Diploma to be sent out by:

() FEDEX or Courier (\$300.00)



Payment submitted by:

- ☐ Check
- ☐ Bank Transfer
- ☐ Money order
- ☐ Credit Card (please fill out the separate credit card form)

If choosing Check / Money Order / Credit Card, please send to:

St. Martinus Administrative Services

8705 Shoal Creek Blvd., Suite 112

Austin, TX 78757

Phone: +1.718.841.7682

I hereby confirm that I am/was the student of St. Martinus University that is requesting this Diploma and I hereby authorize the school to send my diploma(s) to the mailing address specified in this form.

Date: ____/____/____

Student's Signature: _____