Diploma Reorder Form
$50.00 Reorder Fee Due

Please complete this form and mail accompanying payment, if by check, to:

University of New Haven
Attention: Bursar’s Office
300 Boston Post Road
West Haven, CT 06516
Fax: 203-931-6086

Name: __________________________ Student ID (if known): __________________________

Degree and Major: ______________________________________________________________

Date Awarded: _________________________________________________________________

Print your name on the line below exactly as you wish it to appear on your diploma. Please DO NOT use all capital letters

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METHODS OF PAYMENT:

1. If you wish to pay by check, please make your check payable to University of New Haven and mail it with this form to the address listed above.
2. To pay by E-Check, please call the University Bursar’s Office at 203-932-7217 with your check information.
3. You may also pay by cash in the office.

Current Information Needed:

Mailing Address:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone: __________________________ Email: ________________________________