

Diploma/Certificate Replacement Form

Allow 4-6 Weeks for Processing

The Square – Student Services | Email: ask@mohawkcollege.ca|Tel: 1.844.767.6871 | 135 Fennell Ave. W. Hamilton, ON., L9C 0E5

Section A: Personal Information						
Student Name: (First, Middle, Last)				Previous Na	me: (if applicable)	
Student Number:				Date of Birth: (yyyy-mm-dd)		
Home Phone:				Alternate Phone:		
Email Address:						
Home Address: (Street, City, Province)				Postal Code:	Postal Code:	
Reason for Replacement:				Do you still have your original credential? Yes No		
Sign	ature:		Date:		(yyyy-mm-dd)	
Section B: Graduate Information						
Name of Program from which you graduated:						
	g Graduated: yyy-mm-dd)		Campus Attended:			
Detail Code: TR04 Section C: Payment Information - Fee \$30.00						
Plea	se Prepare for:	☐ Mail to Address Listed Above	☐ Pick-Up at The Square-Student Services, Rm. C102 (Must have ID present for Pick-Up)			
Payr	ment Options:	☐ Debit/ Credit Card	□ Cheque			
Front Line Staff:		☐ Grad Status Confirmed (Do not accept payment until confirmed)	Fee Collected by:		Date:	
FOR INTERNAL USE ONLY:						
Jse:	Student Name:					
Convocation/Records Use:	Program Name:					
ion/Re	Date:				Honours Co-op	
ivocat	Credential:				No outstanding fees:	
Con	Processed By:	Date:		Mail Pick-Un		