



1900 W. Seventh Street, CMB 1302
Plainview, TX 79072

Master of Arts in Counseling (MAC) Master of Arts in History (MAH) Master of Arts in English (MAE) Master of Arts in Management (MAM)
Master of Arts in Religion (MAR) Master of Business Administration (MBA)
Master of Christian Ministry (MCM) Master of Divinity (M.Div.) Master of Education (MED)
Master of Public Administration (MPA) Master of Science in Multidisciplinary Sciences (MS) Master of Science in Nursing (MSN)

REPLACEMENT DIPLOMA

I request a replacement Diploma for (circle one) **MAC MAH MAE MAM MAR MBA**

MCM M.Div. MED MPA MS MSN

The last campus I attended with Wayland was _____
I am providing the following information to process my application: **(Please print clearly)**

I want my name PRINTED ON MY DIPLOMA as	_____
Date of Graduation	_____
Student ID #	_____
Current Mailing Address	_____
	Street , Number, or PO Box

	City State Zip Code
Current Phone Numbers	_____
	(Home) (Work) (Cell)
E-mail Address	_____
Permanent Address	_____
	Street , Number, or PO Box

	City State Zip Code

The fee for requesting a REPLACEMENT DIPLOMA is \$50.00 per diploma requested.

The “Replacement Diploma” request form with payment is sent to **Wayland Baptist University, 1900 West 7th, Attn: Associate Registrar #1302, Plainview, TX 79072**

My signature below signifies that I understand that this request will take from four (4) to six (6) weeks to process. I further acknowledge that I reviewed the information I listed above for correctness, and I assume full responsibility for any errors that I have made on this REPLACEMENT DIPLOMA request form.

Signature of Student _____ Date _____

FOR OFFICIAL USE ONLY

All Obligations arranged (date)

Business Office