



THE UNIVERSITY OF WINNIPEG

REQUEST FOR CERTIFIED DEGREE PARCHMENT(S)

NAME: _____
(Exactly as on Original Parchment)

STUDENT NUMBER: _____

ADDRESS: _____

TELEPHONE: _____ / _____
(Home) (Business)

DEGREE(S) RECEIVED: _____ DATE: _____

NEW NAME (if applicable) _____

REASON FOR REQUEST: _____

A CERTIFIED PARCHMENT IS PARCHMENT-LIKE IN APPEARANCE, WHICH ACKNOWLEDGES THE DEGREE RECEIVED AND THE DATE WHEN THE DEGREE WAS CONFERRED.

A FEE OF \$65.00 PER CERTIFIED DEGREE WILL BE ASSESSED AT THE TIME OF THE ORDER.

IF REQUESTED IS BASED ON POST-GRADUATION NAME CHANGE, THIS APPLICATION MUST BE ACCOMPANIED BY LEGAL DOCUMENTATION IN SUPPORT OF THE NAME CHANGE.

Mail to above _____ OR Pick-up _____

Date: _____ Signature: _____

Form revised June 22, 2011

Office use only
Amt. Rec'd: _____
Date Prepared: _____
Date Record Amended: _____
Processed by: _____