



DOCTOR OF OPTOMETRY DEGREE

Complete this form and submit with the appropriate fee (\$40.00 per duplicate diploma) to:

Office of the Registrar
701 N Grand Ave
Tahlequah, OK 74464-2399

Print your name exactly as you want it to appear on your diploma. If this is different than the current name on record with the university, you must submit appropriate documentation such as driver's license, marriage license, passport, etc., along with this request.

Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Date of Graduation: _____

Mail to:

Name: _____

Address: _____

Address: _____

Cty, State, Zip: _____

Requests will be processed within 6-8 weeks.

Registrar use:

Date mailed _____