

**DEGREE REPLACEMENT ORDER FORM
VANCOUVER CAMPUS**

First Name:

Last Name:

Maiden/Former Name (If applicable):

Social Insurance Number (last four digits):

Program:

Degree Completion Year:

HOW NAME SHOULD APPEAR ON DEGREE:

Name to be printed on degree:

PLEASE PRINT**DEGREE OPTION:**

Students who started their degree program **before January 5, 2015** have the option to receive a degree with the institution's previous name or the current name. Please check an option below.

- I want my degree to reflect *Adler School of Professional Psychology*
- I want my degree to reflect *Adler University*
- Not applicable (started degree program on or after January 5, 2015)

MAILING INFORMATION (PLEASE PRINT):

First Name: _____

Last Name: _____

Address: _____

City/State/Zip Code/Country: _____

Email: _____

Phone: _____

WOULD YOU LIKE TO UPDATE YOUR CONTACT INFORMATION WITH THE INFORMATION ABOVE? YES NO**PAYMENT INFORMATION:*****FEE: \$ 55.00 CAD***Check or money order made out to *ADLER UNIVERSITY* OR credit card
credit card authorization form – form located on same page as this form).**HOW TO SUBMIT ORDER:****Email (PREFERRED METHOD): vanregistrar@adler.edu****Fax: (236) 521-2400****NOTE:** The Office of the Registrar places orders from an outside vendor approximately once a month. You will be notified once your diploma is on campus. Your diploma will not be ordered if you have an outstanding balance with the University.**Signature:** _____ **Date:** _____**Electronic or typed signatures are accepted for this form ONLY when submitted through your Adler e-mail account.*



Credit Card Payment Authorization

Date: _____ ID #: _____

Name: _____

Day Phone #: _____ Evening Phone #: _____

I hereby provide/authorize payment in the amount of:
(If amount is left blank, form will not be processed)

\$ _____ . _____

Visa Master Card Amex

Card # _____

Exp. Date: _____ / _____ Security Code (CVV): _____
(month) (year)

Card Billing Street Address and Zip/Postal Code _____
(Example: 12345 Any Street, 60601 – This is the address associated with the card, not the student)

Signature: _____

Cardholder name: _____
(Please print name exactly as it appears on card)

*Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered "received" only once a fully completed form has been processed. This payment form is **NOT FOR TUITION PAYMENTS**. Tuition payments received by this form will not be accepted and student accounts will be considered late.