

Diploma Request Form



UNIVERSITY
of HAWAII®
MĀNOA

STUDENT INFORMATION – Required to identify your record. Please write legibly.

Full Name (Last, First, M.I.): _____

Other possible name(s) used while attending: _____

UH ID or Username: _____ Non-UH Email: _____

Phone: _____

GRADUATION INFORMATION – Required to identify your record. Please write legibly.

Semester of Graduation (check one): Fall Spring Summer Year: _____

Degree (B.A., M.Ed., M.S., Ph.D., etc.): _____ Undergraduate Distinction (honors, cum laude, etc.): _____

Major (Accounting, Botany, etc.): _____

NATURE OF REQUEST – Check one then complete the adjoining field(s).

Request to Mail
Mailing address:

Authorizing Third Party
Individual authorizing to pick-up (Full Name): _____

Other:

Student's Signature: _____ **Date:** _____

Authorization Signature Required: I authorize the Office of the Registrar to complete the requested actions as directed on this Diploma Request form.

Office of the Registrar Use Only:

Entered in SHADIPL: Initial/Date: _____