



## REQUEST FOR DIPLOMA REPLACEMENT

A graduate of the Medical College of Wisconsin may request a replacement diploma if the original is damaged, destroyed, lost or stolen, or if the graduate changes his/her name in which case the graduate must also complete the Request for Name Change form and submit the original diploma to the Office of the Registrar. The replacement fee for a diploma is \$100.00 (checks are payable to the Medical College of Wisconsin). A replacement diploma is marked "Replacement" and sent via certified mail within six to eight weeks of receipt of the request.

Name: \_\_\_\_\_  
(Last name while enrolled at MCW) (First name) (Middle name)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Graduation Date(s): \_\_\_\_\_ Program(s) of Study: \_\_\_\_\_

Reason for Replacement Diploma: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**The signature of a notary is required:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

City/County of \_\_\_\_\_, State of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_.

Commission Expires: \_\_\_\_\_

*Return this **signed** form to:*

Medical College of Wisconsin  
Office of the Registrar, M3200  
8701 Watertown Plank Road  
Milwaukee, WI 53226  
(414) 955-8733  
[acadreg@mcw.edu](mailto:acadreg@mcw.edu)