University of Hawai'i - Windward Community College Admissions and Records Office 45-720 Kea'ahala Road - Kāne'ohe, HI 96744 (808) 235-7432

DIPLOMA REQUEST FORM

Student Name:			UHID/Username:		
Print Last Name	e, First Name, Middle Ini	tial(s)			
Student's Signature:			Date:		
form and make full payment	to the above ad	ldress. Refer to	current catalog for Diplo	neck one). I understand that I need to complete this ma Fee. This request is due prior to the last day of occssed for the following term.	
☐ Purchasing a Replaceme Diploma will be original in administration.		name, date con	nferred, program, degree)	except signatures will be present UH	
☐ Purchasing a Diploma via Diploma name can only a				oma box below) on System (middle name optional)	
☐ Purchasing an Original D Diploma name can only diploma will be present U	be the official na	me that appear		oloma box below) on System (middle name optional). Signatures on	
Major:	_Emphasis (if applicable):				
Graduation Year:	_	☐ Spring	☐ Summer		
			PLOMA (includes one dip	loma cover)	
Print clearly your legal name	on record, include	de spaces, punct	tuations, diacritical marking	s such as 'okina (e.g. '), kahakō, apostrophe (e.g. ')	
	Example: Pa	atrick C K O'Bria	an-Kāneʻohe, Patrick C. K	. O'Brian-Kāne'ohe	
rint First Name:					
rint Middle Name or Initials ((optional):				
rint Last Name:					
ddress to Mail Diploma:				Phone:	
City:			State:	Zip Code:	
				ncial obligation MUST be cleared iian diplomas will be issued	
Charged in TSAAREV		F	OB Cleared	Graduation Date	
Issued In-person Diplon	na Cover	D	ate Mailed Diploma		
Paid in Full					