Student Information

PLEASE PRINT CLEARLY

Family Name _____

First Name _____

Address _____

_____
CITY PROVINCE

_____
COUNTRY ZIP / POSTAL CODE

Concordia ID Number _____

Date of Birth _____
DAY MONTH YEAR

Telephone (Day) _____
AREA CODE/COUNTRY CODE

Telephone (Evening) _____
AREA CODE/COUNTRY CODE

E-mail _____

Degree you received _____
(Honours/Major/Specialization)

Date it was conferred _____

From which of the following institutions did you graduate?

☐ Concordia University ☐ Sir George Williams University ☐ Loyola College of Montreal

Do you want your replacement degree printed as:

☐ Bachelor OR ☐ Baccalaureate ☐ Master OR ☐ Magisteriate Doctorate ☐ Doctor OR ☐ Doctorate ☐ Graduate Diploma ☐ Graduate Certificate

Do you want your replacement degree printed in:

☐ English or ☐ French

This form must be accompanied by a Replacement Degree Affidavit.

The Replacement Degree is requested for one of the following reasons:

☐ The original degree has been misplaced or destroyed.

☐ The original degree was never picked up.

☐ The original degree has been defaced. I agree that I must return my original degree to Enrolment Services of Concordia University before receiving my Replacement Degree.

☐ My name has changed since receiving the original degree. I agree that I must return my original degree along with certified copies of legal documents to substantiate this change of name, to Enrolment Services of Concordia University before receiving my Replacement Degree. I also agree that I may not request a second Replacement Degree should my name be changed again.

My name, as it appeared on my degree, was: _____

The University reserves the right to refuse any application where in its sole judgement, satisfactory evidence has not been provided by the applicant. There will be a fee of $125 for this replacement degree.

☐ To be Picked up. (must be picked up within 30 days)

OR ☐ Please **mail** the replacement degree. (see mailing options on payment page)

☐ I would like _____ certified copies of my replacement degree. ($16 additional charge per copy)

Student's Signature _____ **Date** _____

OFFICE USE ONLY	☐ Mailed Name:	Signature:	Date:
	☐ Payment Processed		

SEE NEXT PAGE FOR PAYMENT INFORMATION

Payment Information

The total amount can be paid by credit card (VISA or MasterCard), provide the information below.

PLEASE PRINT CLEARLY

STUDENT ID # _____ STUDENT FAMILY NAME _____ STUDENT FIRST NAME _____

Credit Card: ○ **Visa** ○ **Mastercard**

PLEASE NOTE:
We do not accept
Visa or Mastercard Debit.

$125 CDN Replacement Degree $ 125

_____ (quantity) Certified Copies ($16 each) $ _____

$42 — Express Post to Canada and US addresses (typically 3-5 business days)
Registered mail to international addresses (typically 3 to 12 weeks). $ _____

OR

$65 CDN Courier to North America / Europe (typically 4-7 business days). This option is not available for Canada. $ _____

OR

$85 CDN Courier to South America / Caribbean / China / South Korea / Japan (typically 4-7 business days). $ _____

OR

$95 CDN Courier to all other countries / regions (typically 4-7 business day) $ _____

Note: Courier rates may be higher or unavailable for certain destinations. If applicable, we will contact you with the rate prior to processing your request.

Total Amount: $ 125

Credit Card Number: _____ - _____ - _____ - _____

Expiry Date: _____ - _____
MONTH YEAR

Phone: (_____) _____

PLEASE SIGN

Cardholder's Signature:

Notes:

1. ***Payment will not be processed without a signature and total amount indicated.***
2. ***We do not accept cheques, money orders or bank drafts.***
3. ***Concordia University will not be responsible for additional costs associated with diplomas returned as unclaimed or with incomplete/incorrect mailing addresses.***
4. ***The Application for Replacement Degree must be accompanied by a completed Replacement Degree Affidavit.***

Forms received without the above will not be processed.

E-MAIL
To send the completed form via e-mail (with credit card payment): replacementdegree@concordia.ca

FAX
To send the completed form via fax (with credit card payment): 514-848-2837 Attention – Events Office

MAIL
To send the completed form via mail (with credit card payment):
Concordia University
Enrolment Services: Attention – Events Office
1455 De Maisonneuve Blvd. West, FB-900
Montreal, Quebec H3G 1M8

PLEASE PRINT

THIS AFFIDAVIT MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR OATHS.

Family Name _____

First Name _____

Concordia ID Number _____

Email _____

I, _____, residing at _____ , District of , being duly sworn,

to hereby depose and say:

THAT I was admitted to the degree of _____ ,

by _____ ,

Faculty/School of _____ ,

in the year _____ .

THAT the original diploma issued to me by _____

- ☐ has been defaced (I will return the original)
- ☐ has been lost / destroyed
- ☐ was never picked-up
- ☐ needs to be replaced due to a name change (I will return the original)

THAT I have made every effort to find the aforesaid diploma before applying for a replacement diploma.

Sworn to me at the City of

_____

that _____ day of _____ , 20 _____

AND I HAVE SIGNED:

_____

_____

Stamp and signature of Commissioner for Oaths (NOTE: This is not to be signed by the applicant)