



Duplicate Diploma / Certificate Order Form

Name: _____
(Please print as it should appear on diploma / certificate)

Name: (if different when enrolled) _____

S.S.#: _____ **Graduation Date:** _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ **Email / Fax:** _____

Diploma: (\$65.00 each) _____

Honors Conferred: _____ Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude

Certificates: (\$10.00 each)
Spinographic Roentgenology _____
Health Center Intern _____
Extern _____
Senior Intern _____
Senior Research _____
Academic Achievement _____
Service Distinction _____

Certificates: (\$15.00 each)
B.J. Palmer Philosophy _____
Garfunkel _____
Clinical Excellence _____

TOTAL AMOUNT : _____

**Please make checks payable to Sherman College. Diploma /Certificates orders must be pre-paid.
Please allow 6-8 weeks for processing.**