



**Southeastern University
Diploma Order Form**

**(Return to Office of the Registrar, Graduate School USA, 600 Maryland Ave., S.W., Suite 330,
Washington, DC 20024
Fax: (202) 479-2501**

Student Name: _____

Last

First

Middle

Address: _____

City, State, Zip: _____

Email Address: _____ **Phone (Home)** _____ **Phone (Work)** _____

Please print your name as it should appear on your degree.

First Name **Middle Name or Initial** **Last Name**

Date of Birth **Email Address**

Degree Program Please Check One

Associate of Science Associate of Arts

Bachelor of Science

Master of Business Administration Master of Public Administration Master of Science

Major _____ **Graduation Date** _____

Signature _____ **Date** _____

Method of Payment: (If not cardholder, provide cardholder's name and email address below.)

Cardholder's Name: _____ **Cardholder's Email Address:** _____

Amount Due: _____ **Payment:** Visa MasterCard American Express

Card # _____ **Exp. Date** _____ **Check#:** _____

***There is a fee of \$80.00 to obtain a duplicate diploma. Payment must be received before the order is processed.
Please allow three weeks for processing.**

For Staff Use Only: Date Paid: _____ **Received By:** _____