

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

Doctor of Medicine Replacement Diploma Order Form

Name as you wish it to appear on the diploma: *Please print clearly.*

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree will appear as: Doctor of Medicine

College will appear as: College of Medicine

Mail diploma to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for replacement:  Correction  
 Never received  
 Additional Copy  
 Original Lost or Damaged  
 Other: \_\_\_\_\_

**REQUIRED:** You *must* sign this form in order for this request to be processed

Authorized Signature: \_\_\_\_\_

Send this form and the \$50 diploma replacement fee (payable to the University of Vermont) to:

Diploma Replacement  
Medical Student Education Office  
University of Vermont College of Medicine  
The Courtyard at Given, Room N-100  
89 Beaumont Avenue  
Burlington, VT 05405