



REGISTRAR'S OFFICE
BUREAU DU REGISTRAIRE

2600 College, Sherbrooke, Québec, Canada J1M 1Z7
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Replacement Diploma Application

STUDENT INFORMATION

Last name (used while at Bishop's)

First Name

Middle Name

Student Number

DOB (mm/dd/yyyy)

Email

Phone

Year of Graduation: _____

REASON FOR REPLACEMENT

(Check all that apply)

☐ Damaged (attached original diploma)

☐ Destroyed or lost (complete affidavit below)

☐ Other (provide details): _____

DELIVERY INSTRUCTIONS

☐ I will pick up my diploma; contact me when available at: _____

☐ Mail replacement to: _____

Address

City

Province

Postal Code

Country

AFFIDAVIT OF LOSS OR DESTRUCTION

I hereby swear that to the best of my knowledge and belief, my diploma was lost or completely destroyed. In the event the original diploma should ever be recovered, I agree to return the replacement to the University without reimbursement.

Student Signature

Signature and seal of Notary

☐ Replacement Fee Enclosed (\$60.42); Check or Money Order made payable to Bishop's University.

Student Signature: **X** _____ Date: _____

For Office Use Only:

Degree: _____

Honours: Y / N

Graduation Date (mm/dd/yyyy): _____

Revised: 11/27/2024