



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		