

## Request for Replacement Diploma

Please print clearly and complete all areas below.

## Important notices:

- Send request for undergraduate and graduate (Fredericton and Saint John) replacement diplomas to the Registrar's Office (Fredericton campus) by email (registrar@unb.ca), by mail (3 Bailey Drive, Fredericton, NB, E3B 5A3) or in person.
- A completed form and fees are required before diploma is processed. The cost per replacement is \$50 plus any additional mailing costs (if applicable). Please refer to the "What should we do with your order" section.
- Normal processing time is 6 weeks. An e-mail will be sent to you when your request is completed.

Name: \_\_\_\_\_ UNB Student ID Number: \_\_\_\_

Phone:	E	-mail:	
Complete the section	pelow to order a replaceme	ent diploma.	
Replacement Diploma	– one replacement diplom	a will be issued, please	e select diploma type:
Certificate	Bachelors	Master's	PhD
Select which option is Original diplom	applicable: a was lost, damaged or de	stroyed.*	
or birth certifico Chosen Name	ate.	ial documentation, su	ch as a passport, marriage certificate
*A statutory de	diploma is enclosed. claration form must be com This form is on page 2.		No * nent diploma if the original diploma is
	<b>h your order?</b> Select one. o at the Fredericton Registro	ar's Office (1 piece of i	identification required for release).
Mail to the follo	wing address.		
Send by courie	r (additional courier charge	es: <b>\$30</b> within Canada	ı, <b>\$55</b> international).
Mailing address: Stree	t	(	City
Province/State	Country	y	Postal Code/Zip
Program Completion II	nformation:		
Year Completed	Certificate/D	piploma/Degree Grant	ted
I wish to have my stude	ent record updated with my	current address provi	ide above. Yes No
Payment Information			
Total Amount \$ _			
Registrar's Office Payn	nent Options https://www.u	unb.ca/fredericton/reg	gistrar/students/registrar.html
-	·		- <del>-</del>



## **Statutory Declaration**

## **Justification for Replacement Diploma**

Please print			
l,	, of the City of		
the Province of	do sole	emnly declare that:	
My legal name:     a. Is as shown above OR     b. Is			
My name on University of New Brunswic     a. Was as shown above OR     b. Was	k records when the diploma was	issued 	
3. I am unable to return the diploma origing because it has been:  Lost  Damaged  Destroyed	nally issued to me by the Universit	y of New Brunswick	
In the following circumstances:			
4. That I make this declaration for the purp Brunswick and to qualify for the issuance of graduated with the degree of example, 2013) of in the acade I HEREBY UNDERTAKE to return to the Offic returned to my possession.  I MAKE THIS SOLEMN DECLARATION that the made under oath and that it was freely g	of a replacement diploma certify mic group (Dept/Faculty) ofe of the Register the original diplonis is true and that it is of the same	ring my status as having in the year (for oma should it be found or	
	Declared before me in the	City of	
Signature of Declarant	in the Province of		
Address of Declarant:	this day of	, 20	
	Signature of Commissioner	of Oaths/Notary Public	
Telephone Number:	Name of Commissioner of (please print)		

Please affix stamp or seal if applicable