



SCHOOL OF NURSING

UNIVERSITY OF MICHIGAN

Office of Practice and Professional Graduate Programs
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GRADUATE PROGRAMS

Replacement Certificate Order Form

Please note that there is a replacement fee of \$15 per certificate. There is no charge to pick up the certificate at the office; however, an additional \$5 will be charged for shipping and handling for any certificates mailed via United States Postal Service First-Class Mail. Mailed certificates will be sent to the address provided below. Allow a minimum of 4 weeks to process the replacement certificate.

Printed name as it should appear on the certificate (must match name used on original certificate):

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

Student ID or SSN

Date of Birth

Graduate Program

Field of Study/Specialization

Degree/Endorsement Received

Date of Original Certificate

Dates of Attendance

Number of replacement certificates requested: _____ Amount enclosed: \$ _____

Signature: _____ Date: _____

Make checks payable to The University of Michigan. No credit cards accepted. Check must accompany form. Mail to the office at the address above.

For Office Use:
Date Received: _____

Date Completed: _____

Check #: _____

Date Mailed/Available: _____