



Selma University
Office of the Registrar * 1501 Boynton Street * Selma, Alabama 36701
(334) 526-1718

DIPLOMA REQUEST FORM

STUDENT INFORMATION:

DATE: _____

PRINT: Name, Address and Telephone Number

Previous names while attending Selma University

Name:
Address:
Address:
City/State/Zip
Telephone:
Email:
Signature

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Social Security Number

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Date of Birth

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Dates of Attendance

From (Year)	To (Year)

Students must have a zero balance before this request can be processed. (Check with the Business Office)
PHOTO ID is required. Fees: Mail or Pick-up, \$100.00 (cash, check or money order)

Check the Certified Diploma that you are requesting.

- ___ A.A., Theology
- ___ A.A., Health Science/Patient Care Technology
- ___ B.A., Theology and Christian Education
- ___ B.A., General Studies
- ___ B.A., Business Administration
- ___ B.A., Bible and Pastoral Ministry

- ___ B.S., Biology
- ___ B.S., Biology – Health Science
- ___ B.S., Biology – Physical Education
- ___ M.A., Bible and Christian Education
- ___ M.A., Bible and Pastoral Ministry
- Other _____

How would you like for your name to appear on the diploma?

Mail to: _____
 Attn: _____
 Address _____
 City, State, Zip _____

Pick Up

Registrar's Office Use: This request was completed by (Name and Date) _____