Art Academy of Cincinnati

Application for Diploma Reprint - Undergraduate

PLEASE PRINT

For verification purposes, please provide the following information to the best of your knowledge:

DOB: _____   Last 4 of SSN: _____

Graduation month and year: _____

Student Name: _____

My name should appear on my diploma as follows:

_____ _____ _____
       (First)   (Middle)   (Last)

I am applying for the following degree: Bachelor of Fine Art

                                                            Associate of Science

My Major is: _____   Additional Major(s): _____

Minor, if applicable: _____   Additional Minor(s): _____

Please provide your contact information so that we may send your diploma to you in the mail (mailing address will be verified before diploma will be mailed):

_____ _____ _____ _____
       (Address)   (City)   (State)   (Zipcode)

Phone: (_____) - _____ - _____   Personal Email: _____

The cost to reprint and mail a diploma is $45.00. Check or cash is accepted. If you prefer to use a credit card, please call the Registrar's Office to arrange payment at: 513-562-8749.

Please make checks payable to: **Art Academy of Cincinnati**

_____ _____
Student's signature   Date

Please return submit completed form with payment to the Registrar's Office.

Mailing Address: Art Academy of Cincinnati   Email: Registrar@artacademy.edu
                      ATTN: Registrar   Phone: 513-562-8749
                      1212 Jackson Street
                      Cincinnati, OH 45202