



College of
Osteopathic
Medicine

Office of the Registrar * Diploma Request Form

*To be completed by graduate

Name: _____

Date: _____

Address: _____

DOB: _____

City: _____

Graduation Date: _____

State: _____ Zip: _____

Phone: _____

Country: _____

Duplicate Diploma Order (Lost or Damaged Diplomas ONLY)

_____ I request that NYIT College of Osteopathic Medicine order a duplicate diploma once

Payment has been charged to my account and a zero balance is reflected.

Fee: **\$95.00** Duplicate Diploma (includes postage and mailing fees)

Payment Method: **Certified Bank Check, Money Order or Personal Checks ONLY made payable to:**

NYIT COLLEGE OF OSTEOPATHIC MEDICINE

Signature: _____

Date: _____

Mail To: NYIT College of Osteopathic Medicine Registrar
Serota Building – Room 222
Northern Boulevard
Old Westbury, NY 11568-8000