

University of Hawai'i - Windward Community College  
Admissions and Records Office  
45-720 Kea'ahala Road - Kāne'ohe, HI 96734  
(808) 235-7432

**DIPLOMA REQUEST FORM**

I understand that I can only use this form to request for a diploma for the option below (check one). I understand that I need to complete this form and make full payment to the above address and be cleared of any UH financial obligation before this request can be processed. This request is due prior to the last day of instruction of the current term. If submitted after this deadline, this request will be processed for the following term. Allow 6-8 weeks after the term ends for the diploma (including diploma cover) to be mailed to stated mailing address on this form.

- Requesting a Duplicate Diploma  
*diploma will be original information (e.g. name, date conferred, program, degree) except signatures will be present UH administration*
- Requesting a Diploma via Reverse Transfer Initiative (complete ordering box below)
- Requesting Original Diploma of a Degree Already Awarded (complete ordering box below)  
*signatures on diploma will be present UH administration*

Name: \_\_\_\_\_ UHID/User Name: \_\_\_\_\_  
(Print Last Name, First Name, MI)

Mail Diploma To: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Graduated:  Fall  Spring  Summer Year Graduated: \_\_\_\_\_

Major: \_\_\_\_\_ Emphasis (if applicable): \_\_\_\_\_

**ORDERING A DIPLOMA**

- Yes, in English (\$15 fee)
- Yes, in Hawaiian (\$15 fee) for AA, AS, CA, ASC-Hawaiian Studies Only

Print clearly and exactly your legal name on record as you would like it to appear on your diploma, include spaces, punctuations, diacritical markings such as 'okina (e.g. '), kahakō, apostrophe (e.g. ').

examples: Patrick CK O'Brian-Kāne'ohe, Patrick C K O'Brian-Kāne'ohe, Patrick C. K. O'Brian-Kāne'ohe, Patrick O'Brian-Kāne'ohe

\_\_\_\_\_ Print First Name \_\_\_\_\_ Print Middle Name or Initial(s) \_\_\_\_\_ Print Last Name

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ Charged in TSAAREV \_\_\_\_\_ Paid in Full \_\_\_\_\_ FOB Cleared  
\_\_\_\_\_ Issued In-person Diploma Cover \_\_\_\_\_ Date Ordered Diploma \_\_\_\_\_ Date Mailed Diploma  
\_\_\_\_\_ Entered SHADEGR PT (if applicable) \_\_\_\_\_ Entered AW (if applicable)