



University Registrar

**PROCEDURES FOR REPLACEMENT DIPLOMAS**

An individual seeking replacement of his/her diploma may obtain one by completion of the application below and submission of the requisite fee of \$50, payable to the *University of Medicine and Dentistry of New Jersey* and mailed to the following address:

**Marie Shebunchak  
Office of the University Registrar  
SSB, Room GA-72  
65 Bergen St.  
Newark, NJ 07101-1709**

Once your new diploma is received from the University's supplier, you will be so notified and arrangements can be made to have it sent to you by registered mail or picked up in person.

**APPLICATION FOR REPLACEMENT OF DIPLOMA**

**PLEASE TYPE OR PRINT CLEARLY**

**SECTION A**

- 1. a. Current Legal Name: \_\_\_\_\_  
b. Name on Diploma (if different): \_\_\_\_\_
- 2. Social Security Number:
- 3. Current Address: \_\_\_\_\_
- 4. Current City, State, Zip: \_\_\_\_\_
- 5. Current Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 6. Date of Graduation (Month, Day, Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 7. Specific Degree Received (e.g., BS, MD, PhD, DMD, etc.): \_\_\_\_\_
- 8. Full name of school at graduation (e.g., Seton Hall College of Medicine or Dentistry, CMDNJ-New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers Medical School, New Jersey Dental School, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Explanation of circumstance of loss/damage or reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10. Return of damaged diploma, if available  
**OR**  
For name change, return original diploma
- 11. Notarized signature (for all requests) **Complete Section C**
- 12. If you seek a diploma due to a name change, **Complete Section B and C**

**NAME CHANGE AFFIDAVIT**

PLEASE TYPE OR PRINT CLEARLY

**SECTION B**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Being of full age and being duly sworn according to law, upon my oath I herein certify that:

- 1. The name that appears on my birth certificate is:

\_\_\_\_\_

- 2. I have changed my name to:

\_\_\_\_\_

- 3. My social security number is:  —  —

- 4. I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.

- 5. I am making this Affidavit in order to aid the appropriate agencies in correcting or adjusting my records.

- 6. I am submitting the following supporting documents for this legal/official name change.

\_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS**

**SECTION C**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Sworn to and subscribed before me

This date: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**