



Diploma or Certificate Order Form

***Please allow 6 weeks to receive your diploma once we accept your request.
Completed and signed form must be sent to registrar@ketchum.edu.***

Name: Student ID or Date of Birth:

Type of Diploma or Certificate (e.g., Doctor of Pharmacy): Latin Honor, if any:

Diploma Name (Legal Name):

Date of Graduation or Issuance of Certificate:

Number of Diplomas/Certificate Requested: (\$40 per Diploma/Certificate)

Payment Information:

Credit Card Name:

Credit Card Number:

Expiration Date:

CVV code (3-to-4-digit code):

Contact Phone Number:

Diploma Mailing Address:

Street:

Apt/Unit:

City: State: Zip Code:

Country* (if not U.S.):

* Additional Fee will be charged to ship internationally

Student Signature: _____ Date: _____

Office Use Only Date Ordered: Amount Charged: