Office of the Registrar
Request for a Replacement Diploma

Name: _____
(Print name used on original diploma)

Current Address: _____

City: _____State: _____Zip Code: _____

E-Mail Address:_____

SSN or ID# while attending NJIT: _____

Graduation Date: _____
(Month and Year)

Degree Awarded: _____Major_____

Reason for Replacement Diploma _____
_____
_____
_____
_____

_____ _____
Signature **Date**

The cost for a replacement diploma is $50. If paying by check please address it to NJIT. Replacement diplomas will be mailed by Parchment to the address above after payment has been processed.

Please submit your request along with your payment to the Office of the Registrar or mail to:

Office of the Registrar
Att: Maryann Sawka
New Jersey Institute of Technology
University Heights
Newark, NJ 07102

Please contact Ms. Sawka, sawka@njit.edu with any questions.