



Art Academy  
of Cincinnati  
College of Art & Design

# Art Academy of Cincinnati

## Application for Diploma Reprint - Undergraduate

PLEASE PRINT

For verification purposes, please provide the following information to the best of your knowledge:

DOB: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Graduation month and year: \_\_\_\_\_

Student Name: \_\_\_\_\_

My name should appear on my diploma as follows:

\_\_\_\_\_  
(First) (Middle) (Last)

I am applying for the following degree: Bachelor of Fine Art  
Associate of Science

My Major is: \_\_\_\_\_ Additional Major(s): \_\_\_\_\_

Minor, if applicable: \_\_\_\_\_ Additional Minor(s): \_\_\_\_\_

**Please provide your contact information so that we may send your diploma to you in the mail (mailing address will be verified before diploma will be mailed):**

\_\_\_\_\_  
(Address) (City) (State) (Zipcode)

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ Personal Email: \_\_\_\_\_

The cost to reprint and mail a diploma is \$40.00. Check or cash is accepted. If you prefer to use a credit card, please call the Registrar's Office to arrange payment at: 513-562-8749.

Please make checks payable to: **Art Academy of Cincinnati**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Please return submit completed form with payment to the Registrar's Office.**

Mailing Address: Art Academy of Cincinnati  
ATTN: Registrar  
1212 Jackson Street  
Cincinnati, OH 45202

Email: Registrar@artacademy.edu  
Phone: 513-562-8749