



**School of Osteopathic Medicine ONLY**

**Diploma Order Form**

All diplomas requested will be printed as Rowan University. We confirm all degree information for accuracy and order accordingly. Please allow 3 weeks for processing after the completed form is received.

Banner ID (Leave blank if unknown): \_\_\_\_\_

Name (when you attended the University): \_\_\_\_\_

Name to appear on diploma: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: Osteopathic Medicine

Year Graduated: \_\_\_\_\_

- Please select number of diplomas:  
     \_\_\_ 18' x 12' at \$25.00 each
- I have enclosed a check/money order for my diploma in the amount of: \_\_\_\_\_

Mail this form with your check made to **Rowan University** to:

Office of the Registrar  
40 East Laurel Road, Suite 2105  
PO Box 1011  
Stratford, NJ 08084  
856-566-7055  
[somregistrar@rowan.edu](mailto:somregistrar@rowan.edu)

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**FOR OFFICE USE ONLY**

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_