5912 Spencer Hwy
Pasadena, Texas 77505
Attn: Office of the Registrar
Registraroffice@txchiro.edu

Diploma Order Form

_____ _____
Last Name First Name Student ID#

Select from each of the three sections below:

- ☐ Applying to Graduate _____ TERM/YR (ex:SP16)
- ☐ Requesting BS Degree Only *(not applying to graduate)*
- ☐ Replacement Diploma* _____ GRAD TERM/YR (ex:SP16)

**Only check this box if graduated.*

- ☐ Bachelor of Science
- ☐ Doctor of Chiropractic

- ☐ I will pick up my diploma at TCC
- ☐ Mail diploma to address on this form

Mailing Address:

Street: _____
City: _____
State: _____Zip_____

Phone: _____

Email: _____

Applying to Graduate - Important!

Print your name below as you wish it to appear on your diploma:

_____

Please understand that the official Graduation Program and Diploma(s) will carry your name as it is recorded in our academic records. The name you select to be printed on your diploma must match the name registered at TCC. In order to initiate a name change, the Registrar's office must have either a court order, divorce decree or marriage license on file before the ordering of your diploma.

By signing below, I confirm that the information I am submitting above is correct.

Signature: _____ **Date: _____**

Registrar Use Only

- ☐ Diploma handed at graduation
- ☐ Diploma picked up in office
- ☐ Diploma mailed

Date: _____

Processed by: _____