



Tufts
UNIVERSITY

School of
Dental Medicine

Duplicate DMD and MS Degree Form

Please complete this form to request a duplicate copy of your TUSDM DMD or MS degree. There is a \$75 fee per copy requested. You may deliver your completed diploma request form and check (made out to: Trustees of Tufts) to the Dental Student Affairs Office on the 15th floor of 1 Kneeland Street, fax it to 617-636-0309 or mail it to:

Tufts University
Registrar's Office
Attn: Genevieve Olivera
1 Kneeland Street
Boston, MA 02111

If this form is sent via fax, please send a check within 48 hours in order to assure delivery of diploma.

First name _____ Last name _____

Former name, if any, during enrollment _____

Dates of attendance _____

Degree awarded _____

Home address _____
street apt. #

_____ city state zip code country (if not U.S.)

Telephone # _____

Please send _____ copies to the address below (if home address, leave blank).

Delivery Method (check one)

- Send diploma directly to the organization listed below.
- Place diploma in an envelope and mail it to me.

Name of Organization _____

Address _____

_____ city state zip code country (if not U.S.)

I authorize the issuance of my diploma as indicated on this form.

Signature _____ Date _____