

TABOR COLLEGE
Office of the Registrar
400 S Jefferson
Hillsboro, Kansas 67063

REQUEST FOR DIPLOMA

Name
 First Middle Last

(Print FULL NAME as it should appear on your diploma.)

Date all requirements will be met:

Address to mail diploma:

Date Signature

Return to the Registrar's Office at the address above with the \$25.00 diploma re-order fee.

FOR OFFICE USE ONLY

Degree granted _____
Honors _____
Diploma printed _____
Diploma mailed _____
Bus. Off. Clearance _____