



# Replacement Diploma Order Form

## Please Print Clearly

1. Print full legal name. This is how your name will appear on diploma.

\_\_\_\_\_

(First Name) (Middle Name or Initial, if Desired) (Last Name)

2. Program: \_\_\_\_\_

3. University Name at Time of Attendance (check one)

- Maryland University of Integrative Health
- Tai Sophia Institute
- Traditional Acupuncture Institute, Inc.

4. Address where you want diploma sent:

Street: \_\_\_\_\_

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

5. Contact Information:

Phone: (\_\_\_\_\_) \_\_\_\_\_

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

A \$50 fee per diploma will apply. The replacement diploma bears a re-issue date and the signatures of current University officials. The diplomas of alumni who graduated when the institution was named Traditional Acupuncture Institute or Tai Sophia Institute will have their replacement diploma re-issued under the same name.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CREDIT CARD PAYMENT FORM

## REPLACEMENT DIPLOMAS ONLY

**Payment Amount Authorized** (write the total dollar amount):

\$ \_\_\_\_\_ (50 Fee Applies Per Diploma)

**Payment Information:**

Name on Card: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit security code (back of the card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Do not e-mail this form. Fax this form to (855) 677-5824**

**Maryland University of Integrative Health  
7750 Montpelier Rd.  
Laurel, MD 20723  
Phone: (410) 888-9048 ext. 6620  
Fax: (855) 677-5824**