

## **DIPLOMA**

## ORDER FORM

Complete the information below and return to the Student Solutions Center, along with your payment in check or money order made out to **The University of Charleston**.

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Year of Graduation
Address:
Address:
Address:
Address:
City:
Phone:
Date of Birth:

## Return this form along with your payment to:

The University of Charleston Attn: Student Solutions Center 2300 MacCorkle Ave., SE Charleston, WV 25304

