Howard University
Diploma Translation Request Form

The name that appears on the original diploma will be printed on the replacement diploma.

Last Name       First Name       Middle Name
(As appears on the original diploma)

________________________________________
Address

City          State          Country          Zip

Phone: ________________________________

E-Mail Address: ________________________

Howard Student I.D. Number or SSN: ________________________

Date of Graduation: ________________________
                     Day          Month          Year

Degree Received: ______________________________________

________________________________________   ________________________
Signature                           Date

• This request form will not be processed until ALL portions are completed.
• A photo copy of your diploma must accompany your request.

Please feel free to direct any questions to: Office of the Registrar – Howard University
                                            Mordecai Wyatt Johnson Administration Building – Suite 105
Phone: (202) 806-2705
E-Mail: registrar@howard.edu

                                             2400 Sixth Street, NW
                                             Washington, DC 20059