RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

REPLACEMENT DIPLOMA/CERTIFICATE APPLICATION

An individual seeking replacement of their diploma or certificate may obtain one by completion of this application and mailing or scanning this form to the address or email below:

Email application to:
rbhsregistrar@rbhs.rutgers.edu

The application must be reviewed and approved before you can make payment of the $50 fee. The payment link will be provided to you upon approval to the email address you have provided.

Once your new diploma or certificate is received from the University's supplier, it will be sent to you via UPS within 10 - 12 weeks.

For graduates of the School of Graduate Studies, Graduate School of Biomedical Sciences or the School of Nursing, diplomas may be ordered using this link: Replacement Diploma – SGS/GSBS/SN

Current Legal Name

Name on Diploma (if different)

Social Security Number

Mailing Address

City, State, Zip Code

Telephone Number

E-mail Address

Date of Graduation

Specific Degree Received (e.g., BS, MD, PhD, DMD, Certificate, etc.)

Full Name of School at Graduation (*e.g., Seton Hall College of Medicine or Dentistry, CMDNJ-New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers Medical School, New Jersey Dental School, etc.*)

Number of copies requested:

Explanation of reason for request (loss, damage, name change)

FOR NAME CHANGE, RETURN ORIGINAL DIPLOMA AND SUBMIT PAGE 2

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OFFICIAL NAME CHANGE AFFIDAVIT

An individual seeking an official name change for his/her University administrative records must complete this application. It should then be submitted to the Registrar for your School along with the supporting documentation requested. This form is an online fillable form and may be printed for submission when complete. Please be sure to make a copy for your records.

My Current Legal Name Is:

First Name: _____ Middle Name: _____ Last Name: _____

Student ID# (If Known) _____ Program/Major: _____ If Joint Program, Affiliate: _____

SCHOOL OF THE UNIVERSITY: _____

Telephone #: _____ Email Address: _____

I herein certify:

The name under which I attended Rutgers Biomedical and Health Sciences (formerly UMDNJ) is/was:

First Name: _____ Middle Name: _____ Last Name: _____

I am submitting the following supporting documents for this legal /official name change and ask that my records be updated.

☐ Attached Supporting Documentation (court order, marriage certificate, divorce decree, etc.)

☐ Other

1. _____

2. _____

In addition to the name change, I would like my records to reflect the following Gender:

☐ M

☐ F

My *Social Security Number Is: _____

(DO NOT KEY DASHES)

***A Copy of Your Social Security Card With New Name Is Required In Addition To Above Document(s).**

I am not changing my name for any fraudulent purpose or to avoid criminal prosecution. I am making this Affidavit in order to aid in correcting or adjusting my records.

_____ Date _____

Signature

RBHS Registrar
Revised: 03/2021