



Student Name: _____

Student Number (if known): _____

Date of Birth: _____

E-mail Address: _____

Telephone Number: _____

Degree/Diploma: _____

Date of Graduation: _____

Reason for Request (Mandatory) – You must state why you are requesting a replacement parchment. For example: lost, destroyed, etc.:

Please choose one of the following options:

Parchment to be picked up at the Service Centre (McNally Main 108)

Parchment to be mailed to: _____

Please return completed form and payment to the Service Centre by e-mail (service.centre@smu.ca) or by mail to the following address:

Service Centre, Enrolment Services
Saint Mary's University, 923 Robie Street
Halifax, NS B3H 3C3 Canada

Student Signature: _____ **Date:** _____

Fee: \$50.00 plus HST (\$57.50)
Please allow 6-8 weeks for processing.

Office Use Only:	Date received: _____	Payment received: _____
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Saint Mary's University

Replacement Parchment Payment Information

****Please complete and return in-person, or by e-mail or mail****

Amount Due: \$57.50

Student Name: _____

Student Number: _____

Payment Method:

- Visa
- MasterCard
- American Express

Cardholder will pay to the Issue of the charge card presented herewith the amount stated hereon in accordance with the Issuer's Agreement with the Cardholder.

Cardholder Name: _____

Cardholder Signature: _____

Complete credit card information below.

Once payment is processed, your credit card information will be destroyed.

Please Note: Visa/Debit and Mastercard/Debit cards cannot be used.

Credit Card Number:

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Expiry Month: _____

Expiry Year: _____