



DIPLOMA REQUEST FORM

Caribbean Medical University

Campus: WTC Piscadera Bay, Curacao, Netherlands Antilles • Phone: (5999) 788-0015
U.S. Office: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States
Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: students@cmumed.org • Web: <http://www.cmumed.org>

Please fill out this form to request an official diploma from Caribbean Medical University to be sent to the mailing address specified in this form. Diploma requests are normally processed within five to ten business days and are subject to approval of the Dean’s Office and the Finance Department. The completed form with the student’s signature and related fees should be submitted in person, by mail or fax to the Registrar’s Office.

STUDENT INFORMATION

1 Name: _____
Last Name First Name Middle Name

2 Student ID Number _____ Current Enrollment: _____
As appears on ID card Program - Semester

3 Address: _____ () _____
Number and street or rural route Apt. No. Phone Number

City or Town State Zip Code Country

REQUEST INFORMATION

4 Number of diplomas requested Please Note: There is a fee of \$50 per diploma
All copies will be mailed to the following address.

5 Where would you like your diploma(s) to be mailed?

Name: _____
Recipients Name

Address: _____ () _____
Number and street or rural route Phone Number

City or Town State Zip Code Country

Please complete accurate address information for the destination to mail Official Diploma(s) to and indicate the number of copies to be mailed. It is the student’s responsibility to provide accurate address information on this form.

FOR OFFICE USE ONLY		
Date	Name	Remarks

❏ ADDITIONAL INFORMATION

6 When would you like your diplomas to be mailed? *(Check only one)*

Use a separate form for each request. Please be advised that diplomas may be ordered by, or released to, a third party only if written authorization is obtained from the student.

- Mail immediately;
- Mail upon graduation;
- Mail when degree awarded;

7 How would you like your diploma to be mailed? *(Check only one)*

- Send by Regular Mail at No Charge;
- Send by Courier at the following rate (U.S. and Canada \$15, International \$30);

8 Please provide your USMLE Step 1 and Step 2 examination details. *(Check all that apply)*

Step 1 Exam Date: ___ / ___ / ___ Test Score:

Step 2 CK Exam Date: ___ / ___ / ___ Test Score:

Step 2 CS Exam Date: ___ / ___ / ___ Test Score:

I request to waive the USMLE requirement for graduation since I do not intend to practice in the United States.

❏ INSTRUCTIONS & AUTHORIZATION

Completion of the entire program courses is required as well as a non-refundable graduation fee of \$780 before the diploma could be issued. Students who apply for graduation and do not complete their degree/certificate requirements at the end of the semester must reapply and pay the appropriate fee. It is the student's responsibility to meet all degree requirements for graduation.

- Diploma Requests must be reviewed and approved by the Dean's Office and Financial Department.
- CMU reserves the right to set criteria for diploma requests as outlined in the Student Handbook.
- There is a \$50 processing fee for each copy of the diploma.
- Diploma(s) will be sent within five to ten business days.
- Fee payment and student signature are both required at time of ordering Diploma(s).

9 AUTHORIZATION: I am/was a student of Caribbean Medical University and I hereby authorize the school to sent my diploma(s) to the mailing address specified in this form. I have read and understand the aforementioned instructions. I fully acknowledge that my diploma will only be released upon approval of this Diploma Request Form, duly filled and submitted along with a \$50 fee for each copy and mailing fee, if applicable.

I understand diploma(s) will not be issued if I have outstanding balance with any department of the university.

Student's Signature: _____

Date: ___ / ___ / _____