TABOR COLLEGE Office of the Registrar 400 S Jefferson Hillsboro, Kansas 67063

REQUEST FOR DIPLOMA

Name_			
First	Mie	ddle	Last
(Print FUL	L NAME as it sho	ould appear on y	our diploma.)
Date all requirements will	be met:		
Address to mail diploma:			
Date			
Return to the Registrar's order fee.	Office at the ad	ldress above w	vith the \$25.00 diploma re-
		FOR OF	FICE USE ONLY
		Degree granted _	
		Diploma printed	
		Diploma mailed	ce