

REQUEST FOR A DUPLICATE AND MODIFICATION OF DIPLOMA INFORMATION

PROCEDURE AND INFORMATION

Complete the attached form and send back to the registrar's office of your institution with the required documents and payment.

Please allow four to six weeks for delivery.

The maximum number of duplicates for life is two (2) in addition to the original diploma.

The French duplicate diploma will indicate the date on which it was printed.

The visual look of the duplicate may be different from the original since it respects current standards. However, the text on the diploma is an exact copy of the original text.

Please note that by completing the request on line, the "RECEIPT" section will be filled in automatically.

AFFIDAVIT

The affidavit is a sworn statement that the original diploma was not received. The affidavit must be signed by you and countersigned by a commissioner for oaths who also adds his/her stamp and commissioner number.

The Justice Québec website features a search tool to help you find commissioners for oaths in your area and their contact information. This tool is available at: http://www.assermentation.justice.gouv.gc.ca/ServicesPublicsConsultation/Commissaires/Proximite/Criteres.aspx

REGISTRAR CONTACT INFORMATION FOR UNIVERSITÉ DU QUÉBEC INSTITUTIONS

Université du Québec Trois-Rivières

Registrar's Office 3351, boul. des Forges Trois-Rivières (QC) G9A 5H7 Phone: 1 800 365-0922 or 819 376-5011, ext. 2588

Vanessa.Goupil@uqtr.ca

Université du Québec en Outaouais

Registrar's Office C.P. 1250, Succursale Hull Gatineau (QC) J8X 3X7 Phone: 1 800 567-1283, ext. 1848 or

819 773-1848

louise.sirois@ugo.ca

École nationale d'administration publique

Registrar's Office 555, boul. Charest Est Québec (QC) G1K 9E5 Phone: 418 641-3000, ext. 6114 registraire@enap.ca Université du Québec à Chicoutimi

Registrar's Office 555, boul. de l'Université Chicoutimi (QC) G7H 2B1 Phone:418 545-5011, ext. 2139 bdrdirection@ugac.ca

Université du Québec en Abitibi-Témiscamingue

Registrar's Office 445, boul. de l'Université Rouyn-Noranda (QC) J9X 5E4 Phone: 819 762-0971, ext. 2210 registraire@ugat.ca

Télé-université

File Management Department 455, rue du Parvis Québec (QC) G1K 9H6 Phone: 1 888 843-4333 or 418 657-2262, ext. 5312 gestion dossiers@telug.ca

Université du Québec à Rimouski

Registrar's Office 300, allée des Ursulines Rimouski (QC) G5L 3A1 Phone: 418 723-1986, ext. 1377 diplomation@ugar.ca.

Institut national de la recherche scientifique

Registrar's Office 490, rue de la Couronne Québec (QC) G1K 9A9 Phone: 1 877 326-5762 or 418 654-4677 Registrariat@adm.inrs.ca



REQUEST FOR A DUPLICATE AND MODIFICATION OF DIPLOMA

INFORMATION											
		Yea	ar / Month	/ Day		1			1 1		
First name and last name		Date of	f birth			Student ID at t	he institution	1 1			
Address (where the new diploma will be sent)						Daytime phone	e number				
			Second phone number								
			Institution >			UQTR	UQAC	UQAR	UQAR		
Program of studies – 1		(check one box only)				UQO	UQAT	INRS			
Program of studies – 2						ÉNAP	TÉLUQ				
E-mail											
REASON FOR THE REQUEST											
Request for a duplicate (fee of \$55 per additional copy)¹ Quantity: (Maximum of 2) Replacement of a diploma containing incorrect information (no fee charged) (Attach the original) Please specify the modification: Incorrect text: Corrected text:		Modification of the name on the diploma following a legal name change (fee of \$55)¹ (Attach the original, the additional copies and the relevant official documents: Copy of an Act of Marriage, official attestation of name change, etc.) Please specify the change: Former name: New name:									
Request for large format (fee of Available format: 28 cm (11 in.) Quantity:(Maximum of 2	x 38 cm (15 in.)	(A	duplicat	e will be is	sued. The		fee charged) se made within five (5 g the diploma was no	-	date the		
PAYMENT METHODS		υ,	ato								
Cheque			Cred	it card *							
Certified cheque Money order Make the payment to Université du Québec	Card number * Debit cards are not accepted.		1 1			Expiry dat	e Université du	 W2 number			
	Cardholder			_ (Juepec to	charge my card the	ne amount of:)			
	Cardholder signature			Da	ite				_		
			RÉSERVÉ À L'ADMINISTRATION								
First name and last name Address		_		nt received Cheque Credit card	I <u>\$</u>	Certified o		oney order			
Amount: \$	Year / Month / Day	_		ure, Secre	·	eral Financial Resource		ate	<u> </u>		