



Diploma Receipt Confirmation Form

Office of the Registrar

Last Name _____

Graduation Term _____

First Name _____

Degree(s) _____

Father's Name _____

Major(s) _____

Student ID _____

Other _____

For Office of the Registrar Use Only Outside of Diploma Distribution

Date Diploma Requested _____

Clearance Checked By _____

Request Prepared By _____

Date for Scheduled Pickup _____

All dates written as DD/MM/YYYY

Student Attestation

I, _____, AUB ID _____ certify

that I have received my diploma for the degree and major mentioned above. I acknowledge that this is the only diploma that I will receive, and that any duplicates that I may order in the future will be certified true copies bearing only the signature of the current Registrar.

_____ ["read and approved in written letters"]

this ____ day of _____, 20_____, on the campus of the American University of Beirut in Beirut, Lebanon.

Signature