

**Pitt Dental Medicine Office of Residency Education  
Certificate Reorder Request**

Please fill in the blanks below, print the form, sign it, and deliver or mail to the Office of Student Affairs, 2114 Salk Hall, University of Pittsburgh, 3501 Terrace Street, Pittsburgh, PA 15261

Resident's Name:

Name while attending, (if different from above):

Degree to be Duplicated:

Program:

Date degree awarded:

Number of Copies:

Email Address:

Street:

City:

State:

Zip:

Current Phone #

Address to mail certificate (if different from above):

Street:

City:

State:

Zip:

Resident Signature:

Fees: Standard 8.5x11 Certificate - \$25 each (check made to University of Pittsburgh)

Certificates will be in the current style and font and bear the signatures of the current administrators.

**YOUR REQUEST MUST BE SIGNED, OTHERWISE IT WILL BE RETURNED TO YOU.**