



Undergraduate Degree Re-Evaluation Request Form

Messiah University | Office of the Registrar
One University Avenue
Mechanicsburg, PA 17055
Phone: 717.691.6074
Email: registrar@messiah.edu

STUDENT INFORMATION:

Current Full Name (printed): _____ Attended as Name: _____
Date of Birth (Month/Year): _____ Student ID Number or last four digits of SSN: _____
Current Address: _____ Email Address: _____
City: _____ Daytime Phone Number: _____
State/Zip: _____ Major(s): _____
Dates of Attendance: _____

Signature: _____ **Date:** _____
To comply with Federal regulations governing the privacy of educational records, Messiah University requires the signature of the student to release academic records. Penned signature required to process request.

DEGREE RE-EVALUATION REQUEST:

Please detail the reason for your request below:

METHOD OF PAYMENT:

Payment in the amount of \$75 is required for degree re-evaluation.

Choose **one** of the following forms of payment:

Check made payable to Messiah University is enclosed in amount of: _____

[Credit Card Payment](#) (will be redirected to CashNet- a secure payment server)

Signed/completed request form AND payment are required. Financial obligations to the University must be satisfied before the degree re-evaluation is processed.

TO SUBMIT THIS REQUEST:

- Please upload your signed request form.
- Mailed requests/checks may be sent to the following address:
Messiah University
Office of the Registrar
One University Avenue
Mechanicsburg, PA 17055

QUESTIONS:

Call: 717.691.6074
Email: registrar@messiah.edu