

REPLACEMENT /DUPLICATE DIPLOMA REQUEST FORM

Full Legal Name of Student *(as it appears in your student record):*

Diploma Name *(indicate how your name should appear on your diploma):*

Student ID Number:	
Graduation Date:	
Degree:	<input type="checkbox"/> Bachelor of Arts Degree <input type="checkbox"/> Master of Arts Degree
Did you receive Latin Honors? <i>Cum Laude, Magna Cum Laude, or Summa Cum Laude</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery: <i>There is no cost for pick-up or to ship your replacement diploma via USPS. Normal processing time is 2-3 weeks plus time for delivery via USPS.</i>	<input type="checkbox"/> USPS <input type="checkbox"/> Hold for Pick-up

Mailing Address

Address (Line 1):		
Address (Line 2):		
Address (Line 3):		
City:		
State:		Zip Code:
Province:		
Country:		

Contact Information

E-mail Address:	
Phone Number:	

Signature: _____ **Date:** _____

Submit this form via:

E-mail: registrar@cmc.edu

Fax: (909) 607-6015

Mail: Office of the Registrar
500 E. Ninth Street
Claremont, CA 91711