

REQUEST FOR A DUPLICATE DIPLOMA

Duplicate Diploma cost: \$10 per copy.

1. Request form must have signature or it will be returned to you.
2. Please allow a minimum of FOUR full working days to process.

Name: _____ ID# S _____

Previous Last Names: _____ Birth Date: _____

Billing Address: _____
Street City State Zip

Phone Number: _____ E-mail: _____

Degree obtained: _____ Date of Degree: _____

Major / Minor: _____

Name on diploma: _____
Your name as you want it to appear on the diploma-Please print legibly

SIGNATURE _____

(Without your signature, this form will be returned to you) Date

Mail _____ Pick up _____ (If picking up, DO NOT fill in address section!)

Address _____

Registrar's Office MS3760 Attn: Graduation
Southeast Missouri State University
One University Plaza
Cape Girardeau, MO 63701

Fax: (573) 651-5155
graduation@semo.edu (for questions only)

For Office Use Only:

ID# _____

Degree _____

Grdate _____

Name _____

Processed by:
