

OFFICE OF RECORDS AND REGISTRATION
 720 4th AVENUE SOUTH, AS 118
 ST. CLOUD, MINNESOTA 56301-4498
 PHONE: (320)308-2111
registrar@stcloudstate.edu

REQUEST FOR DUPLICATE DIPLOMA

SCSU Student ID or SSN: _____

Date: _____ / _____ / _____
 Month Day Year

Name (print) _____
 First Middle Last Former (if applicable)

Please print. Your legal or preferred name will be printed on your diploma as it appears on your academic record. If we do not have your legal or preferred name change on file and you would like that name indicated on your diploma, please refer to the appropriate form at <http://www.stcloudstate.edu/srfs/forms.aspx> and scroll to Student Academic Records and Data Privacy. Submit all documents together.

Degree Earned (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Master of Arts |
| <input type="checkbox"/> Associate of Elective Studies | <input type="checkbox"/> Master of Business Administration |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Master of Engineering Management |
| <input type="checkbox"/> Bachelor of Applied Science | <input type="checkbox"/> Master of Music |
| <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Master of Public Administration |
| <input type="checkbox"/> Bachelor of Elective Studies | <input type="checkbox"/> Master of Science |
| <input type="checkbox"/> Bachelor of Fine Arts | <input type="checkbox"/> Master of Science in Electrical Engineering |
| <input type="checkbox"/> Bachelor of Music | <input type="checkbox"/> Master of Social Work |
| <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Executive Masters in Engineering Management |
| <input type="checkbox"/> Bachelor of Science in Engineering | <input type="checkbox"/> Professional Science Masters |
| <input type="checkbox"/> Bachelor of Science in Mechanical Engineering | <input type="checkbox"/> Specialist |
| | <input type="checkbox"/> Doctorate |

Date of Graduation _____ / _____ / _____
 Month Day Year

Mail diploma to: Name _____
 Street Address _____
 City, State, Zip _____
 Contact Phone and/or Email _____

\$30.00 per diploma – Cash or check accepted.
 Make check payable to St. Cloud State University.

By checking this box, you consent to use electronic signatures rather than paper documents.

Signature of Student _____

Allow approximately three weeks for receipt of diploma.

7/25/2024