

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"/> Professional Science Masters |
| | <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 _____

NOTE: If you currently have outstanding financial obligations to the University, your diploma request will be returned to you.

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

Signature of Student _____
Allow approximately three weeks for receipt of diploma.