

DATE RECEIVED IN A&R



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Cashier's Stamp Document
Processing fees received:

Date Stamp and Initial

DIPLOMA REORDER FORM

Office of Admissions and Records (WH 290)

A FEE OF \$15 MUST ACCOMPANY THIS FORM

PLEASE ALLOW THREE TO FIVE WEEKS FOR DELIVERY

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW

YOUR DIPLOMA WILL BE MAILED TO THE ADDRESS BELOW

STUDENT ID: _____ PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DEGREE TERM: _____ E-MAIL: _____

Please indicate your degree objective below. (Please check only one):

- BACHELOR OF ARTS
- BACHELOR OF SCIENCE
- MASTERS OF ARTS
- MASTERS OF BUSINESS ADMINISTRATION
- MASTERS OF PUBLIC ADMINISTRATION
- MASTERS OF SCIENCE
- OTHER: _____

Indicate the Major or Majors for which the above degree is applicable:

MAJOR: _____ SECOND MAJOR: _____

MINOR: _____

Your name on your reorder diploma will appear exactly as it does on your original diploma. If your name has changed since the issuance of your original diploma, please submit a Name/Address Change Request form to Admission and Records.

Sign and date this request:

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

The above date/degree has been verified and is correct.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Changes have been made as shown above		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Institutional Honors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Departmental Honors
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Verifier's Signature:		Date:	