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Send to: District-Wide Registrar's Office | Forest Park SC 223 | registrar@stlcc.edu

NAME: _____
(Printed Last Name) (Printed First Name) (MI)

DUPLICATE DIPLOMA REQUEST

- Indicate your degree:
- Associate in Applied Science
 - Associate in Arts
 - Associate in Fine Arts
 - Associate in Science
 - Associate of Arts in Teaching
 - Certificate of Proficiency
 - Certificate of Specialization

Major: _____

Semester of Graduation:
 Fall YEAR: _____
 Spring
 Summer

MAIL DIPLOMA TO:

Print your diploma address below.

Name: _____
 Address: _____

 City, State, Zip: _____

DIPLOMA NAME

Print your name EXACTLY as you want it to appear on the diploma.

First: _____
 Middle: _____
 Last: _____
 Suffix (Jr.): _____

Diploma re-orders are processed with our end of term graduates. Therefore, re-orders will be placed three times per year: December, May, and August. If you have more than one credential, please complete a separate form for each request.

Orders placed by December 1 will be mailed by mid-January.
 Orders placed by May 1 will be mailed by mid-June.
 Orders placed by August 1 will be mailed by September 1.

STUDENT SIGNATURE:

DATE: _____