



|                               |       |
|-------------------------------|-------|
| <b><u>OFFICE USE ONLY</u></b> |       |
| QUARTER                       | _____ |
| DEGREE                        | _____ |
| HONORS                        | _____ |
| DIPLOMA MAILED                | _____ |

**REPLACEMENT DIPLOMAS & CERTIFICATES**

**FEE: \$8.21 per diploma/certificate**

\_\_\_\_\_  
PRINT NAME AS YOU WISH IT TO APPEAR ON DIPLOMA

\_\_\_\_\_  
STUDENT IDENTIFICATION NUMBER

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

I have completed the following degree:

- |  |  |
|--|--|
| <input type="checkbox"/> Associate in Arts and Sciences    | <input type="checkbox"/> Associate in General Studies  |
| <input type="checkbox"/> Associate in Biology              | <input type="checkbox"/> High School diploma           |
| <input type="checkbox"/> Associate in Business             | <input type="checkbox"/> Associate in Applied Sciences |
| <input type="checkbox"/> Associate in Elementary Education | Program_____   |
| <input type="checkbox"/> Associate in Pre-Nursing          | <input type="checkbox"/> Certificate:                  |
| <input type="checkbox"/> Associate of Sciences             | Program_____   |

\_\_\_\_\_  
**Date**  
*This process could take 2 – 3 weeks.*

\_\_\_\_\_  
**Student Signature**

REVISED:10/21/2023 CES