

CHARLESTON SOUTHERN UNIVERSITY

Office of the Registrar

Application for Duplicate Diploma

(Application must be accompanied by \$50.00 duplicate diploma fee)

Name _____ Date of Birth _____

Social Security # _____ Male _____ Female _____

Student Number (if different than SSN#) _____

Mailing Address _____

Street/Apt

City

State

Zip Code

Home Phone (____) _____

Employer _____ Work Phone (____) _____

Employer Address _____

Street

City

State

Zip Code

Your name at the time the degree was conferred _____

Name as you wish it to appear on new diploma: _____

(Please type or print)

Type of Degree conferred _____ Year in which you graduated _____

Semester in which you graduated: Fall Spring Summer Interterm

Major _____ Minor _____

Note: Duplicate diplomas available with Charleston Southern University Seal Only.

_____ Date _____

Alumni Signature

⇓ Office Use Only ⇓

Registrar Verification of graduation _____

Diploma Ordered _____ Diploma Mailed _____

Mail to: Charleston Southern University ~ Office of the Registrar ~ P.O. Box 118087 ~ Charleston, SC 29423

Promoting Academic Excellence in a Christian Environment