



CHARLESTON SOUTHERN UNIVERSITY

Office of the Registrar
Request for Duplicate Diploma

Application must be accompanied by \$50.00 duplicate diploma fee

Name: _____ Date of Birth _____

ID # _____ Phone # _____

Mailing Address _____

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 _____

Alumnus Signature

Mail to: Charleston Southern University
Office of the Registrar
PO Box 118087
Charleston, SC 29483
Or Fax: 843-863-8023
Phone: 843-863-8060

Official Use Only:

Registrar Verification of Graduation _____

Diploma Ordered _____ Diploma Mailed _____