

♦ Office of the Registrar ♦ One Washington Square ♦ San José, CA 95192-0009 ♦

Duplicate Diploma Request

Instructions:

- 1. Type information directly into each field.
- Each diploma will cost \$10.00. Submit this form with a check or money order (made payable to San Jose State University).
 Submit the request in person at "R"(Registrar) counter or mail to: Office of the Registrar

Attn: Graduation San Jose State University One Washington Square San Jose, CA 95192-0009

Note:

- If you wish to have your diploma ordered with your new legal name, you must complete a "Change of Name" request at "R" Counter **before** submitting this form. "Change of Name request" can be found at http://www.sjsu.edu/registrar/docs/name_change.pdf
- The diploma(s) will be mailed to you approximately 8 weeks after your order is received and official name change request has been processed, if needed.

SJSU ID	Last name	First	Middle
Social security			E-mail
Number*	Phone	#	Address
-	quired if SJSU ID# is provided		_
Mailing Address:			
Street			Apartment #
	State		Zip
Term(Spring, Sum	mer or Fall)	Date of Bin	
&Year of Graduat [;]	tion(4digits) <u>·</u>	(mm/dd/yy	ууу)
Major/ College	ree: Bachelor of Arts H na(s) you are requesting:		Other Bachelor:
□ If you need your legal name to be changed for this diploma, please check this box. (Please see Note above)			
Signature:			Date
My signature certifies the accuracy of the information provided.			
For Office Use Only:			
		·	
Fee Received: \$	By (initials):	D	Date Received:
			Duplicate Diploma 01-13-10