Duplicate Diploma Request



Diploma Name	(Name as you wish it to appear on di	ploma)
Social Security /I.D. #		
Address		
City, State, Zip		
Phone Number		
E-mail Address		
Term/Year Degree Earned	d	
Type of Degree – please i	ndicate with	
Associate	Baccalaureate	Masters
for \$15 per duplicate di mailed within 2 weeks t	ploma. Upon receipt of requi o the address listed above. F or Doctoral diplomas, please	payable to Ball State University est and check, diploma will be or additional information or to e contact the Commencement
Mail request and check t	co: Commencement Office Ball State University Muncie, IN 47306	ce