

# DUPLICATE GRADUATION DIPLOMA ORDER FORM

*\* FOR DUPLICATE OR LOST DIPLOMAS/CERTIFICATES*

**PLEASE NOTE THAT SHELTON CAN NO LONGER RE-ORDER  
DIPLOMAS FOR PROGRAMS THAT ARE NO LONGER OFFERED AT THE COLLEGE**

**PLEASE PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON THE DIPLOMA.  
THE DIPLOMA OR CERTIFICATE WILL BE MAILED TO THE ADDRESS PROVIDED BELOW.**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE *or* MAIDEN)

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

**CHECK THE DEGREE OR CERTIFICATE YOU ARE EARNED  
AND INCLUDE THE SEMESTER AND YEAR EARNED:**

_____ Associate in Arts	_____
_____ Associate in Science	_____
_____ Associate in Applied Science	_____
_____ Certificate	_____

THE INFORMATION ON THIS FORM IS ACCURATE AND HAS BEEN COMPLETED TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE AN EVALUATION OF MY ACADEMIC RECORD FOR DEGREE VERIFICATION.

\_\_\_\_\_ Date

\_\_\_\_\_ Student's Signature

**Upon completion of this Application, please pay \$25 fee in Cashier's Office and  
and submit to the Office of Admissions and Records.**

**For Office Use Only:**

Date of request & payment received: \_\_\_\_\_ By: \_\_\_\_\_

Date Received in Admissions and Records: \_\_\_\_\_

