

DATE RECEIVED IN A&R

Date Stamp and Initial



California State University
Dominguez Hills

Cashier's Stamp Document
Processing fees received:

DIPLOMA REORDER FORM
Office of Admissions and Records (WH 290)

STUDENT ID: _____ PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DEGREE TERM: _____

A FEE OF 15\$ MUST ACCOMPANY THIS FORM

Please indicate your degree objective below. (Please check only one):

- BACHELOR OF ARTS
- BACHELOR OF SCIENCE
- MASTERS OF ARTS
- MASTERS OF BUSINESS ADMINISTRATION
- MASTERS OF PUBLIC ADMINISTRATION
- MASTERS OF SCIENCE
- OTHER: _____

Indicate the Major or Majors for which the above degree is applicable:

MAJOR: _____ SECOND MAJOR: _____

Please indicate your graduation date:

DATE OF GRADUATION: _____

Check only one of the following:

- Please mail my diploma to the address indicated above.
- I will pick up my diploma in person at the Office of Admissions and Records at CSU Dominguez Hills.

Sign and date this request:

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

The above date/degree has been verified and is correct.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Changes have been made as shown above	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verifier's Signature:	Date:	
Diploma Mailed Date:	Diploma Picked Up Date:	
Student's Signature if Picked-Up		