

California State University

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

Tel: 760.750.4814 Fax: 760.750.3700 www.csusm.edu/enroll/ registrar@csusm.edu

DUPLICATE DIPLOMA REQUEST FORM

Duplicate Diploma Fee: \$10.00 check or money order made payable to CSUSM

Instructions: Complete this form and submit with your check or money order to the Office of the Registrar by mail:

Cal State San Marcos Office of the Registrar Attn: Diploma Specialist 333 S. Twin Oaks Valley San Marcos, CA 92096

Processing & Shipping Notice: Please allow **10-12 weeks processing** for all requests. Allow an additional **4-6 weeks for shipping**.

First Name:			Last Name:			
Student ID:	No Social Security Numbers		_ CSUSM Email:	@cougars.csusm.edu		
Address:			Contact Phone Number	:		
City:		State:	Zip:	Country:		

Please note, your diploma will be mailed to the address you enter above. However, indicating a new address on this form will not update your Student Record. You must update your address in MyCSUSM or by contacting us at enroll@csusm.edu.

Please check here if you wish to have your diploma mailed with e-ship global (international address)

Please check here if you wish to have your diploma notorized

Number of diplo	mas requested:	(\$10/			
Term of Graduation:		(ex: F			
Degree Type:	Bachelor of Arts	Bachelor of Science	Master of Arts	Master of Science	Other
Major:		Second Majo	r (if applicable): _		
Honors (if applic	able): Cum Laude	Magna Cum Laude	Summa Cum Laud	e	
Reason for reque	est:				
Signature:		Da	ite:		
For Office Use Onl Date Processed:		f Initials:			Updated 08/05/2020 Office of the Registrar