CALIFORNIA STATE UNIVERSITY MONTEREY BAY



OFFICE OF THE REGISTRAR

100 CAMPUS CENTER • STUDENT SERVICES BUILDING • SEASIDE, CA 93955 PHONE (831) 582-3085 • FAX (831) 582-3087

DIPLOMA REPLACEMENT FORM

This form is used when requesting a replacement diploma. Please complete the form online and submit it to the **Campus Service Center** by mail or in person. There is a \$50 fee associated with each diploma replacement due at the time of submission.

STUDENT ID	SIGNATURE								
FIRST NAME	MIDDLE NAME or INITIAL LA				LAST	ST NAME			
PHONE NUMBER	E-MAIL ADDRESS								
DEGREE AWARDED ☐ Bachelor's	TERM/YEAR DEGREE AWARDED (Select one and indicate year) □ Fall								
or □ Master's			Spring Summer		Year_				
DEGREE MAJOR								QUANTITY R	EQUESTED
IMPORTANT NAME INFORMATION: Your first and last name will appear on your diploma exactly as it appears on your official Cal State Monterey Bay record. Please use the boxes at the top of this form to spell out your middle name or to clarify special punctuation required, such as accents, tildes, etc. In order to make an official name change, a request must be processed through the Office of the Registrar. ADDRESS INFORMATION: Diplomas are ordered three times per year: early March, early August, and early October. Your diploma replacement will be included in the diploma order next available from the time you submit your request. Please choose a delivery option below and be sure to indicate an address that will be valid at the time of the next available diploma order. □ PICK UP IN REGISTRAR'S OFFICE □ MAIL TO ADDRESS (listed below)									
								T	
CITY						STATE		ZIP	
Please note: if you did not rece or pick up in the Registrar's On not received.									
For questions regarding the st	atus	of your	diploma repl	aceme	nt orde	r, pleas	e email g	graduation@cs	umb.edu.
DEPARTMENT USE ONLY									
Diploma Replacement Fee: \$5	0.00 e	each	Paid Date:				Cashie	red By:	
Processed By:		ı	Data Ordarad:						