

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: _____

