

CHARLESTON SOUTHERN UNIVERSITY  
Office of the Registrar  
Application for Duplicate Diploma  
(Application must be accompanied by \$50.00 duplicate diploma fee)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID or Social Security # \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your name at the time the degree was conferred \_\_\_\_\_

Name as you wish it to appear on new diploma \_\_\_\_\_  
(Please type or print)

Type of Degree conferred: \_\_\_\_\_ Year in which you graduated: \_\_\_\_\_

Semester in which you graduated: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Interterm

Major \_\_\_\_\_ Minor \_\_\_\_\_

*Note: Duplicate diplomas available with Charleston Southern University Seal Only.*

\_\_\_\_\_  
Alumni Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Registrar Verification of graduation \_\_\_\_\_

Diploma Ordered \_\_\_\_\_ Diploma Mailed \_\_\_\_\_

Mail to: Charleston Southern University  
Office of the Registrar  
PO Box 118087  
Charleston, SC 29483  
Or Fax: (843) 863-8023