



Office of the Registrar

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Main: (408) 554-4331 Fax: (408) 554-6926
Website: www.scu.edu/registrar
email: registrar@scu.edu

REQUEST FOR REISSUE OF DIPLOMA

DATE _____ SCU ID OR SS# _____

NAME _____

Clearly print your name exactly as you wish it to appear on your diploma.

CIRCLE ONE:

BACHELOR OF ARTS

BACHELOR OF SCIENCE

BACHELOR OF SCIENCE COMMERCE

MASTER OF ARTS

MASTER OF SCIENCE

MASTER OF BUSINESS ADMINISTRATION

JURIS DOCTOR

L.L.M

Ph.D.

MAJOR _____ GRADUATION DATE _____

PICKUP _____
(PHOTO ID REQUIRED)

MAIL TO: _____

REASON FOR REPLACEMENT _____

SIGNATURE _____

PHONE NUMBER _____ EMAIL _____

THE FEE FOR A REPLACEMENT DIPLOMA IS \$30.00 WHICH SHOULD BE SUBMITTED WITH THIS APPLICATION. IF THIS REQUEST IS FOR A REISSUE WITH NAME CHANGE, THE ORIGINAL DIPLOMA AND A NOTARIZED STATEMENT OF YOUR NAME CHANGE MUST ALSO BE SUBMITTED WITH THE FEE AND APPLICATION.

OFFICE USE ONLY	
Date Ordered:	Date mailed/Pick-up:
\$30.00 Fee:	Initials: