



California State University SAN MARCOS

Office of Enrollment Management Services Operations/Registrar

California State University San Marcos

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www.csusm.edu

Diploma Re-Order Form

Fee: \$10 check or money order, made payable to CSUSM, must accompany this form.

Name: _____

Student ID: _____

Address: _____

Date of Birth: _____

City

State

Zip

*Indicating a new address on this form will not update your address record.
You must file a Change of Address with Registration and Records.

Check only one:

- Please mail diploma to the address on this form.*
- I will pick up my diploma in Craven Hall 3900 with photo ID.

Phone Number: (____) _____

Email Address: _____

Term of Graduation: _____

Degree:

(Check only one)

Bachelor of Arts

Bachelor of Science

Master of Arts

Master of Science

MBA

Major: _____

Second Major (if any): _____

Honors:

(Check one if applicable)

Cum Laude

Magna Cum Laude

Summa Cum Laude

Reason for request: _____

Signature: _____

Date: _____

***Please note: Submit this form to the address above.**

Orders take at least 4 weeks to process.

(Office use only)

Payment Received: _____

Mailed Date: _____

Picked Up Date: _____