

California State University

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

Updated 08/05/2020

Office of the Registrar

Date Processed: _____ Staff Initials: _____

DUPLICATE DIPLOMA REQUEST FORM

Duplicate Diploma Fee: \$10.00 check or money order made payable to CSUSM

Instructions: Complete this form and submit with your check or money order to the Office of the Registrar by mail:

Cal State San Marcos Office of the Registrar Attn: Diploma Specialist 333 S. Twin Oaks Valley San Marcos, CA 92096

Processing & Shipping Notice: Please allow 10-12 weeks processing for all requests. Allow an additional 4-6 weeks for shipping.

First Name:	Last Name:				
Student ID:	CSU	SM Email:	@cougai	@cougars.csusm.edu	
Address:		cact Phone Numbe	r:		
City:	State:	Zip:	Country:		
Please note, your diploma will be ma address on this form will not update by contacting us at enroll@csusm.ed	your Student Recor				
Please check here if you wish to	, .		ip global (internatior	nal address)	
Tiedse check here if you wish to	o nave your diploine	THOUTIZED			
Number of diplomas requested:	(\$1	0/diploma)			
Term of Graduation:	(ex: Fall 2019, Spring 2020)				
Degree Type: Bachelor of Arts	Bachelor of Science	Master of Arts	Master of Science	Other	
Major:	Second Major (if applicable):				
Honors (if applicable): Cum Laude	Magna Cum Laude	Summa Cum La	ude		
Reason for request:					
Signature:		Date:			
For Office Use Only:				Undated 08/05	