

Enrollment Services
Registrar's Office
4225 University Avenue
Columbus, Georgia 31907



TEL: (706) 507-8800
FAX: (706) 568-2047
www.ColumbusState.edu

Request for Replacement Diploma

Name* _____

*Last name must be the same as on your academic record. If not, you must officially change your name in the Registrar's Office with the appropriate documentation.

ID Number _____ **Phone Number** _____

Address _____

City _____ **State** _____ **Zip** _____

Degree Received _____ **Major** _____

Graduation Date _____

Fee: \$25 undergraduate degree

\$40 graduate degree

The fee for the replacement diploma must be submitted with this form. Diplomas will be mailed within two to four weeks.

Signature _____ **Date** _____

For Office Use Only

Receipt # _____ Date _____