REQUEST FOR REPLACEMENT DIPLOMA

This form is to be completed by:

Students who have previously received a diploma for an associate degree or academic/technical certificate, but are requesting a duplicate or replacement diploma.

1. **Print** your name as you want it **to appear on your diploma**:

   _____ _____ _____
   Last Name First Name (optional) Middle or Maiden Name

2. Student ID Number: _____

3. Semester and year final classes were taken: _____

4. Degree or certificate awarded:

   _____ **A.A. degree, major in Tennessee Transfer Path, emphasis: _____**

   _____ **A.A. degree, major in General Transfer, emphasis, if applicable: _____**

   _____ **A.A. degree, major in University Parallel, emphasis, if applicable: _____**

   _____ **A.F.A. degree, major in Tennessee Transfer Path, emphasis: Music**

   _____ **A.S. degree, major in Tennessee Transfer Path, emphasis: _____**

   _____ **A.S. degree, major in General Transfer, emphasis, if applicable: _____**

   _____ **A.S. degree, major in University Parallel, emphasis, if applicable: _____**

   _____ **A.A.S. degree, major in: _____ option, if applicable: _____**

   _____ **A.S.T. degree, major in Teaching (K-5)**

   _____ **A.S.T. degree, major in Early Childhood Education (Pre K-3)**

   _____ **Technical Certificate, major in: _____**

5. List your current address: _____
   Street/PO Box/Apt. #

   _____
   City State Zip

6. List your current phone number: _____

7. Mail this form to Records 1665 Hampshire Pike, Columbia, TN 38401, email it to records@columbiastate.edu or take this form at any Columbia State campus location.

8. Once your request has been processed, you will receive your diploma by mail.

Columbia State, a Tennessee Board of Regents institution, is an AA/EOE educational institution

Reference Columbia State Policy 02:02:00
Revised 4/25