



REQUEST FOR DUPLICATE DIPLOMA/DEGREE/CERTIFICATE

Please Print clearly

Check box for mailing

Student ID Number or Social Security: _____ DOB: _____

Name (as it was when you graduated): _____

Name (as you would like for it to appear): _____

Current mailing address: _____

E-mail Address: _____ Phone number: _____

Did you receive a(n):

____ Associate in Arts Degree

____ Associate in Science

____ Associate in Applied Science

____ Certificate

____ Diploma

Major or Pre-Major (if applicable): _____

Year Graduated: _____

Semester Graduated: ____ Spring ____ Summer ____ Fall

(Signature)

(Date)

Note: Please allow 3-4 weeks for processing

**Registrars Office
Attn: Graduation Specialist
Cape Fear Community College
411 N Front St
Wilmington, NC 28403**

Disclaimer: All certificates/diplomas/degrees will be printed with the current college name and signatures.