



Request for Duplicate Diploma/Degree/Certificate

Check box for mailing

Student ID Number or Social Security #: _____ Date of Birth: _____

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

___ Certificate

___ Associate in Science

___ Diploma

___ Associate in Applied Science

Major or Pre-Major (if applicable): _____

Year Graduated: _____ Semester Graduated: Spring ___ Summer ___ Fall ___

(Signature)

(Date)

Please allow 3-4 weeks for processing. All certificates/diplomas/degrees will be printed with the current college name and signatures.

Registrar's Office
Attn: Graduation Specialist
Cape Fear Community College
411 N Front Street - Wilmington, NC 28401