



REQUEST FORM FOR DUPLICATE ASSOCIATE DEGREE

SMC Admissions & Records Office

FOR OFFICE USE ONLY

Rec'd by: _____

Date Rec'd: _____

PLEASE PRINT CLEARLY

LAST NAME:	FIRST NAME:	MIDDLE:	SMC ID #:
PREFERRED FIRST NAME		DATE OF BIRTH (MM/DD/YYYY):	TELEPHONE NUMBER:
SIGNATURE:		DATE (MM/DD/YYYY):	

☐ By checking this box, I understand that my preferred first name will be printed on my diploma but all other official records will maintain my legal name. Information on how to update your preferred first name can be found at www.smc.edu/PreferredNames

DATES OF ATTENDANCE:			
DEGREE MAJOR:	YEAR GRADUATED:	QTY:	FEE: \$ 20 X EACH
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DEGREE MAJOR:	YEAR GRADUATED:	QTY:	FEE: \$ 20 X EACH
			TOTAL: \$

MAILING ADDRESS:

STREET ADDRESS:			APT. No.:
CITY:	STATE:	ZIP CODE:	

EMAIL ADDRESS:

There is a \$20.00 non-refundable fee for each duplicate ordered. Please include a check or money order, payable to Santa Monica College, and submit to the Admissions & Records Office at the following address:

Santa Monica College
Admissions & Records Office
1900 Pico Blvd.,
Santa Monica, CA 90405

Please allow 4 to 6 weeks (after receiving the request) for processing time.

Please check one:

☐ Mail Diploma

☐ Pick up Diploma

FOR OFFICE USE ONLY:	GRAD DATE	MAJOR	HOLDS	PAID	HONORS	READY/MAIL OUT DATE
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