



CLAFLIN UNIVERSITY

Office of the Registrar
400 Magnolia Street, Orangeburg, SC 29115
Phone: 803-535-5719 Fax: 803-535-5387

DUPLICATE DEGREE REQUEST

Print Name: (First, Middle, Last)		Date of Birth:
All Previous Name(s):		Social Security:
Signature (REQUIRED)		Today 's Date:
<i>An original signature is required to process your degree order</i>		
APPROVED METHODS OF PAYMENT: Cash; Money Order; VISA; Discover; or MasterCard <u>ONLY</u> (Credit Card payment can be made over the phone at: (803) 535-5432. <u>NO PERSONAL CHECKS ACCEPTED.</u>		
General Information About Reordering Your Degree:		
NAME CHANGES: Degrees will <u>only</u> be ordered in the name on record at the time of your graduated from Claflin University.		
<ol style="list-style-type: none"> 1. Payment must be made at the time of order. <u>Reordering Fee is \$45.00.</u> 2. Degrees are <u>ONLY</u> ordered twice a year in time for the current year's regular graduation. 3. Degrees will be sent 1st Class Mail. The college assumes no responsibility for final delivery. 4. Duplicate degrees will bear the signatures of current College Officials. 5. It is the student's responsibility to furnish a correct and complete address. 		
Provide all the information requested below to ensure prompt processing of your request.		
Print Your Current Street Address:		
City:	State:	Zip Code:
*Phone #	*Print your e-mail address	
<i>*In case we need to contact you with questions about your request.</i>		
STUDENT'S PERSONAL DATA		
Name on Record While Enrolled:		Address: (<i>optional</i>)
Degree Received: <input type="checkbox"/> B.S. <input type="checkbox"/> B.A. <input type="checkbox"/> MBA <input type="checkbox"/> MEd <input type="checkbox"/> MS Major:		Graduation Date:

PROCESSING INFORMATION FOR DUPLICATE DEGREE

Business Office Receipt #: _____

Received on: _____

Duplicate Degree Ordered on: _____

Duplicate Degree Rec'd: _____

Degree Mailed on: _____

UPS Tracking # _____