



For Office Use Only

Date Requested: _____

Date Sent/ Picked Up: _____

Replacement Diploma Fee: _____

Holds Present: _____

REPLACEMENT DIPLOMA REQUEST

Name: _____
Print your name clearly as you wish it to appear on your diploma – indicate periods, hyphens, etc. Legal name changes must be on file

Social Security Number (Last 4 digits): XXX - XX - Student ID#: _____

Email: _____ Telephone Number: _____

Current Address: _____

Graduation Month/Year: December, _____ May, _____ August, _____

Delivery/Pick Up Information:

Mail (Please send my Replacement Diploma to the following address)

Pick Up (Please call me when my Replacement Diploma is available for pick up)

Your new diploma will be reproduced as a “College for Creative Studies” diploma. All signatures appearing on the diploma will be those of current college officials and will be printed using current diploma formatting.

I understand that only official graduates of CCS may request and receive a replacement diploma verifying their degree earned.

Signature of Diploma Earner: X _____ Date: _____

Payment Information:

The Diploma Replacement Fee is \$25.00.

Please check payment format:

Cash (Enclosed)

Payment by Check (Enclosed)

Credit Card Payments must be paid at the Cashier’s Office.
You may reach them via phone at (313) 664-7435

Return this form to
Karen Laducer, Assistant Registrar:
Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street, Detroit, MI 48202

Phone: (313) 664-7671
Fax: (313) 664-7649