

COLLEGE FOR CREATIVE STUDIES
APPLICATION FOR REPLACEMENT DIPLOMA

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 Student ID# Telephone Number

Current Address

City State Zip Code

Diploma Mailing Address

City State Zip Code

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

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.

Applicant's Signature

.....
Registration Office Use

Holds _____ \$25.00 Replacement Diploma fee Date Received _____

Other fee \$ _____ Date Sent _____ Date Picked Up _____
.....

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: College for Creative Studies, Academic Advising and Registration Office, 201 East Kirby Street, Detroit, MI 48202
CCS Advising and Registration Phone: (313) 664-7671 FAX: (313) 872-1521