



MADISON COLLEGE

Duplicate Diploma/Certificate Request Form

INSTRUCTIONS - This form is to be submitted by the student along with the \$4.00 processing fee to request a Duplicate Diploma or Certificate. Please pay by check or money order and make payable to Madison College.

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Initial _____

Name at time of graduation/certificate completion (if different than indicated above) _____

Student ID _____ Telephone _____

Present Address _____

City _____ State _____ Zip Code _____

Check this box to request to officially change your name on your academic record at Madison College.
I intend to use this name consistently for the purpose of my Madison College academic record.

DEGREE/CERTIFICATE INFORMATION:

Degree Awarded _____

Year Awarded _____ Term: Fall Spring Summer

Certificate Awarded _____

Year Awarded _____ Term: Fall Spring Summer

Student Signature _____ Date _____

Please sign and submit completed form along with the \$4.00 processing fee by mail to:

Address: Enrollment Services
Madison College
1701 Wright Street
Madison, WI 53704

Please allow up to six weeks to process a request for a Duplicate Diploma or Certificate. Requests are reviewed in order they are received. You will receive your diploma or certificate by mail at the address provided on this form.

Questions? For further assistance with this form, contact Enrollment Services at 608-246-6210.

Enrollment Center - Records Use Only:		
Staff Name _____	YES	NO
Staff Title _____		
Date Mailed _____		
	Graduate in System	
	Grad Fee Paid	
	Hold	
	Mailed Diploma/Certificate	