



OFFICE OF THE REGISTRAR
171 MOULTRIE STREET
CHARLESTON, SC 29409

**UNDERGRADUATE
DUPLICATE DIPLOMA ORDER FORM**

CHECK ONE:

- CADET _____
- ACTIVE DUTY _____ NAME AS IT APPEARS ON DIPLOMA
- EVENING STUDENT _____

GRADUATION DATE: _____ DEGREE: _____

SIGNATURES ON DIPLOMA:

PRESIDENT: _____

GOVERNOR: _____

CHAIRMAN, BOARD OF VISITORS: _____

COMMANDANT OF CADETS (CADET): _____

ACADEMIC DEAN (NONCADET): _____

MAIL DIPLOMA TO THE FOLLOWING ADDRESS:

BRIEF STATEMENT OF WHY DUPLICATE IS NEEDED

FEE IS \$110.00 (SUBJECT TO CHANGE WITHOUT NOTICE)

Check Only: Make check payable to The Citadel

**OFFICE OF THE REGISTRAR
THE CITADEL
171 MOULTRIE STREET (BOND 173)
CHARLESTON, SC 29409**

Please allow three months for delivery.

OFFICE USE ONLY

FEE PAID: _____ **FEE DEPOSITED:** _____ **PURCHASE ORDER #:** _____

RECEIVED: _____ **MAILED:** _____