



CENTRAL WASHINGTON UNIVERSITY

**Masters
Request for Duplicate Diploma**

Name (as printed on diploma) _____

*Former Name _____

Current Mailing Address _____

Phone Number _____ Email Address _____

CWU ID Number _____

(SSN and Date of Birth if no CWU ID)

Degree (MA, MS, MEd, etc.) _____

Year and Term Degree Awarded _____

Major _____

All fields must be complete in order to process your request.

There is a \$17 diploma re-order fee per diploma that is payable to the Cashiers Office (509) 963-2224. Should you have any questions, please contact Graduate Office at (509) 963-3108.

Signature _____ Date: _____

* If you are using a different name than when you graduated, please attach verification of name change, i.e.; copy of official court document, driver's license with photo, or marriage license.

Send completed form to:

Central Washington University
Graduate Studies
400 East University Way
Ellensburg, WA 98926-7510
Or
Fax to: (509) 963-1799