



Replacement Diploma Request

Student ID# _____

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129
Phone: 617.873.0101
Fax: 617-242-0026
registrar@cambridgecollege.edu

Processing time is 6-8 weeks

Your Cambridge College Location
Boston Puerto Rico
Lawrence Southern California
Springfield NEIB
Other _____

Student information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Student name at time of graduation, on original diploma

Last name _____ First name _____ Middle name _____

Former name--at time of graduation, if different from current name above _____

Current Residence/ mailing address:

Address _____ Apt _____ Phone _____

City _____ State _____ Zip _____

Degree and Year of Graduation

Type of degree AS BA / BS MED MS MBA / MM CAGS EDD PHD

Year of graduation/degree conferral _____

Please note: Diplomas are not printed on-site. Your name will be added to the next order once we receive all requested information, and the orders are typically sent out to the printers once a month.

Payment

Credit card e-check

Credit card and e-check payments must be made online via the link below. We cannot take payment over the phone.

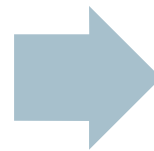
<https://mycollegepaymentplan.com/cambridge/>

IMPORTANT:

Please include your confirmation number or a screen shot of your confirmation email: _____

By signing this form, I agree to pay \$27.00 for the requested duplicate diploma, and for Cambridge College to charge me accordingly. I agree to receive the diploma by standard USPS mail only, unless other arrangements are made.

Email or mail completed and signed form to:



registrar@cambridgecollege.edu

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129

Signature

on paper printout or electronic* _____

Date _____

***Please see electronic signature options on the Registrar's web page.**