



APPLICATION FOR DIPLOMA REORDER

\$35.00 for each (additional cost \$18.00 for mailing)

(FEES ARE NON-REFUNDABLE)

NAME: _____
LAST FIRST MI

SSN/GCC ID NUMBER: _____

If you have used another name at GCC, list here _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____
P.O. Box **OR** Home Mailing Address

GENDER: MALE FEMALE

Village Territory/ State ZIP Code

TELEPHONE: _____

I have met the requirements for: Associate Degree Certificate Adult High School Vocational High School

If typed of Degree/Certificate/Diploma, what program: _____
Example: ACCOUNTING, COMPUTER SCIENCE, COSMETOLOGY, etc.

MY LEGAL NAME AT THE TIME OF GRADUATION:

(PRINT YOUR LEGAL NAME AT THE TIME OF GRADUATION (include spaces and capitalizations))

Please answer the following **carefully** and as completely as you can. Your answers will help to reconstruct and/ or verify your records.

I have attended: College Program from 19____ to 20____ to 21____
 Adult High School Program from 19____ to 20____ to 21____

GRADUATES SIGNATURE

DATE

FOR ADMISSIONS & REGISTRATION/ BUSINESS OFFICE USE ONLY

\$35.00 PER DIPLOMA (\$18.00 ADDITIONAL COST for mailing) - FEES ARE NON-REFUNDABLE

Does this student have an outstanding obligation to the College? ()No ()Yes _____

Number of Degree/ Certificate/ Diplomas ordered: _____ Amount Paid: _____ Receipt #: _____

Cashier: _____ Date: _____

GRADUATION INFORMATION

Yes _____
Graduation Date Program

No Comments: _____

DIPLOMA ORDERED: Yes _____ No Comments: _____
Date