

Completion of this form initiates an order of an additional copy of your diploma. The appropriate fee must accompany this form. Please return completed form to the Office of the Registrar, 1001 Rogers Street, Columbia, MO 65216 (e-mail [diplomas@ccis.edu](mailto:diplomas@ccis.edu); fax (573) 875-7436).

**Student Information**

Student ID # or DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Name(s) while attending (if different from above): \_\_\_\_\_

Address (Cannot be a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

If you would like to provide a separate mailing address, such as a P.O. Box, please provide below.

Mailing address: \_\_\_\_\_

**Diploma Information**

Name as it should appear on diploma: \_\_\_\_\_

Degree completion date: \_\_\_\_\_

Check here if you are ordering a **Realtor University** diploma

**Please indicate your previously awarded degree and major (if applicable):**

- |   |  |
|---|--|
| <input type="checkbox"/> Associate in General Studies (AGS) | <input type="checkbox"/> Bachelor of Social Work (BSW)           |
| <input type="checkbox"/> Associate in Arts (AA)             | <input type="checkbox"/> Bachelor of General Studies (BGS)       |
| <input type="checkbox"/> Associate in Science (AS)          | <input type="checkbox"/> Master of Arts (MA)                     |
| <input type="checkbox"/> Bachelor of Arts (BA)              | <input type="checkbox"/> Master of Business Administration (MBA) |
| <input type="checkbox"/> Bachelor of Fine Arts (BFA)        | <input type="checkbox"/> Master of Education (M.Ed.)             |
| <input type="checkbox"/> Bachelor of Science (BS)           | <input type="checkbox"/> Master of Science (MS)                  |
- Major: \_\_\_\_\_

**Payment Information**

Please check one:  **Diploma (\$10.00)**       **Diploma with diploma cover (\$20.00)**

Check/Money order enclosed (Do not send cash)    Visa    MasterCard    Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

CVC code (REQUIRED): \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**X**

**SIGNATURE**

**Date**

*Signature is required to authorize the release of your diploma and to charge your credit card payment. Computer-generated signatures are not valid.*

<b>FOR OFFICE USE ONLY:</b>	DEGREE DATE:
DATE RECEIVED:	DEGREE:
DATA VERIFIED:	MAJOR:
DIPLOMA MAILED:	HONORS:
VERIFIED BY:	F.C.: