

REPLACEMENT DIPLOMA

Please submit to the Office of the University Registrar. *Note that all communication/notification will be made through CIU email.

I hereby confirm my request for a replacement diploma with the Columbia International University institutional name and attach my check or money order in payment (\$40.00 per diploma). (* Note: Any information provided will be checked with CIU records for accuracy.)

Student Name (as issued on original diploma):		
(Please Print) Last	First	Initial Maiden
Social Security Number:	_ Phone Number:	Birth Date:
E-mail:	Reason for Request:	
Degree Awarded:	Date	e on Diploma:
Address Diploma is to be Mailed To:		
Recipient:		
Street Address:	Apt. #:	City:
State: Zip Code: Countr	y:	
Signature:		Date:
ADDITIONAL APOSTILLE REQUEST * An apostille is a special seal applied by an authoring I am also requesting State Authentication Country request will be sent to:	of this diploma (an additional \$	\$50.00 fee).
Signature:		Date: