THE
GRADUATE
SCHOOL AT UMBC

DUPLICATE DIPLOMA APPLICATION

(PLEASE PRINT)

NAME as it should appear on your diploma:
(Note: name must match your legal name on file with UMBC as of the date of your graduation)

_____

| **First** | **Middle** | **Last** |

STUDENT ID: _____

(If not known, enter your date of birth for ID purposes)

PhD or MASTERS and MAJOR: _____
   (Circle one)

DATE EARNED: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

ADDRESS TO MAIL DIPLOMA: _____

_____

_____

Signature: _____

** Submit this form, along with a check or money order for the $50 fee to:

UMBC Graduate School, 1000 Hilltop Circle, Baltimore, MD 21250

Allow approximately 4 to 6 weeks for delivery