



REQUEST FORM FOR DUPLICATE ASSOCIATE DEGREE

SMC Admissions & Records Office

FOR OFFICE USE ONLY

Rec'd by: _____

Date Rec'd: _____

PLEASE PRINT CLEARLY

LAST NAME:	NAME:	MIDDLE:	SMC ID #:
OTHER NAME(S) THAT MAY APPEAR ON YOUR RECORD:		DATE OF BIRTH (MM/DD/YYYY):	TELEPHONE NUMBER:
SIGNATURE:		DATE (MM/DD/YYYY):	

DATES OF ATTENDANCE:			
DEGREE MAJOR:	YEAR GRADUATED:	QTY:	FEE: \$ 20 X EACH
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DEGREE MAJOR:	YEAR GRADUATED:	QTY:	FEE: \$ 20 X EACH
			TOTAL: \$

MAILING ADDRESS:

STREET ADDRESS:			APT. No.:
CITY:	STATE:	ZIP CODE:	

EMAIL ADDRESS:

There is a \$20.00 non-refundable fee for each duplicate ordered. Please include a check or money order, payable to Santa Monica College, and submit to the Admissions & Records Office at the following address:

Santa Monica College
Admissions & Records Office
1900 Pico Blvd.,
Santa Monica, CA 90405

Please allow 4 to 6 weeks (after receiving the request) for processing time.

Please check one:

Mail Diploma

Pick up Diploma

FOR OFFICE USE ONLY:	GRAD DATE	MAJOR	HOLDS	PAID	HONORS	MAIL OUT DATE
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