

APPLICATION FOR DUPLICATE DIPLOMA

COPIES ARE \$10 EACH. PLEASE ENCLOSE A CHECK OR MONEY ORDER.

NAME: _____

The name on your diploma will be your full name as it appears in our records.

L# or Student ID _____ DOB _____

1 YEAR CERTIFICATE **PROGRAM NAME:** _____

2 YEAR CERTIFICATE **PROGRAM NAME:** _____

AAS **PROGRAM NAME:** _____

CAREERS PATHWAY **PROGRAM NAME:** _____

OREGON TRANSFER MODULE

AGS – ASSOCIATE OF GENERAL STUDIES

AS – ASSOCIATE OF SCIENCE

ASOT – ASSOCIATE OF SCIENCE OREGON TRANSFER: BUSINESS

AAOT – ASSOCIATE OF ARTS: OREGON TRANSFER

ARE YOU A MEMBER OF: Phi Theta Kappa? Psi Beta?

SIGNATURE: _____

DATE: _____