

DUPLICATE DIPLOMA REQUEST FORM

The purpose of this form is to request a duplicate diploma after successful completion of an undergraduate/graduate degree or certificate program at NewSchool of Architecture & Design. Note that diplomas are ordered at the end of each quarter. Duplicate diplomas will not be released if there is any outstanding financial obligation to NewSchool. Once the form is processed, you will receive an email notification to your NewSchool email address.

Please print using blue/black ink or t	ype.			
First Name		Last Name		
Student ID		Phone		
Email				
Name While Attending NewSchool (if d	lifferent from above))		
Program at NewSchool		Graduation Date (Mont	:h/Year)	
Number of Diplomas Requested		(A \$50.00 fee will be charged per diploma.)		
NAME AS YOU WO	OULD LIKE IT TO A	PPEAR ON YOUR DIPLOM	1A (PRINT CL	EARLY)
Payment				
 Cash (Do not mail cash) Check (Payable to "NewSchool") Credit Card (complete credit card inf 	formation below)			
Credit Card Information (complete only	y if paying with a cr	edit/debit card)		
ame on Card Type of Card				
Billing Address				
City		State		Zip
Credit Card Number		Security Code _		_ Exp. Date
Mailing Instructions				
□ Address Provided Below		Pick up in Registrar's Office		
Send to				
Address				
City	State	Zip	Country	
By signing below, I authorize release of	my duplicate diplor	na(s) to the party(ies) liste	d above.	
Student Signature		Date		
STUDENT MUS		TED FORM TO THE REGIS	STRAR'S OFF	ICE.
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