## Duplicate or Delayed Diploma Request



Graduation Office 700 East Seventh Street Saint Paul, Minnesota 55106-5000 E-mail: gateway@metrostate.edu Phone: 651-793-1300

## Who needs to use this form?

## Important Notes

Any graduate of Metropolitan State University who wishes to request a duplicate diploma or for a graduate who never received their original requesting a duplicate or delayed diploma. diploma.

You must have met your degree requirements from Metropolitan State University before

## How to Submit

Mail: Enclose completed form with payment (check or money order ONLY made payable to Metropolitan State University) and send to the address above. In-Person: Bring completed form to the Gateway Student Services Center. They will direct you to make payment (cash, credit card, check or money order) after

verifying there are no holds on your record.

			Contac	ct Information			
Nat	me:						
Last First				Middle Former Last			
Metropolitan State Tech ID or StarID:				E-mail address:			
A 1	1						
Ado	lress:			City	State	Zip	Country
Pho	one Number:			——————————————————————————————————————	State	$E \psi$	Country
On	the line below, print h	ow you would like you	r name to appea	ar on the diploma.			
			Quantity	y & Destination	1		
	Mail diploma(s) to  Mail diploma(s) d  Pick Up diploma(s)  ird Party	irectly to a third party li	sted below	will be contacted by email	when ready.)		
	•	artment:					
Ado	dress:			City	State	Zip	Country
			Service	e Type & Cost			
	<b>Type</b> Regular	Cost (per diploma) \$20	Timeframe (u	upon receipt of form)*: 3-5 business days, or pic	<b>k-up</b> available in ap	pproximately 7-10 bus	siness days
	Expedited	\$35	Mailed within	1-2 business days			
	International Regular	\$50	Mailed within	3-5 business days			
	International Expedited	\$65	Mailed within	1-2 business days			
*D	elivery times vary and are	not guaranteed.					
			Offic	ce Use Only			
GATEWAY:		☐ Verified no financia	al holds		(Initial)	Date: / _	/
FINANCIAL MANAGEMENT:		\$ (Amount	Paid)		(Initial)	Date: / _	
GRADUATION OFFICE:		Date Received:	//_		(Initial)	Date sent: / _	

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