



FLORENCE-DARLINGTON TECHNICAL COLLEGE

DUPLICATE DIPLOMA REQUEST

PO BOX 100548 | FLORENCE, SC 29502-0548

A SEPARATE REQUEST FORM IS REQUIRED FOR EACH PROGRAM OF STUDY.

Print your name as you want it to appear on your diploma.

ID # Name _____
(LAST) (FIRST) (MIDDLE)

Note: A completed Student Name/SSN Change Form and legal proof of name change must accompany any request for diploma name that is different from the name on official FDTC Registrar Records.

Program (select only one): Associate Diploma Certificate
Program Major _____ Career Path _____
Semester of Completion: Fall Spring Summer Year _____
Address to which the diploma should be mailed:

City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Signature _____ Date _____

Supply the following information if your graduation date was before May 1985:

MM

DD

YYYY

Other name(s) used at FDTC: _____

PLEASE NOTE:

1. A proof of your identity, SC DL or SC ID, is required when you submit this form.
2. The cost of a duplicate diploma is \$50. This fee may change without notice. You must pay the fee amount in advance and attach a proof of payment, supplied by the FDTC business office, before this form will be processed.
3. Subject to verification of completion of the certificate, diploma, or degree named above and payment of fees, your diploma will be mailed to you at the address named above within 4-6 weeks of receipt of this request.

MAIL TO: Florence-Darlington Technical College, Registrar's Office ATTN: Graduation, PO Box 100548, Florence, SC 29502-0548

REGISTRAR'S OFFICE USE ONLY

Program ID _____ CUM GPA _____ Honors _____
Program GPA _____ Semester Completed _____ Date Completed _____
Semester Conferred _____ Conferred By _____
Hold (if any) _____
Notes _____
Diploma Mailed _____ By _____
DATE INITIALS