



RANDOLPH-MACON COLLEGE

Requests for a new diploma will be processed when the following information is supplied to the Registrar with a \$50.00 check made out to Randolph-Macon College.

Return this form to: Registrar
Randolph-Macon College
P O Box 5005
Ashland, VA 23005

Personal Information when at Randolph-Macon College

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Birth Date: _____ R-MC ID # or last 4 SS#: _____

Attendance Dates at R-MC: Start date _____ to _____

Graduation Date: _____ Degree received: _____

Major(s): _____ Minor(s): _____

Latin Honors: yes no Honors Program: yes no

Diploma Replacement Information

Name to be listed on Diploma: _____
First *Middle* *Last*

Reason for Replacement: _____
If because of a name change, appropriate documentation must be on file with the Registrar's Office.

Original diploma must be returned to the Registrar's Office.

Mailing Address to send diploma: _____

Signature: _____ Date submitted: _____

Cell Number: _____

Recorded by Registrar's Office: _____