

Duplicate Diploma Request

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

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.

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Na	me:						
	Last		First		Middle		Former Last Name(s)
Μe	etropolitan State Tech II	O or StarID:		Email Address:			
Ado	dress:						
				City	State	Zip	Country
Phone Number:							
On	the line below, print he	ow you would like you	ır name to appear o	on the diploma.			
			0	0 D1:1:-			
			Quantity	& Destination	1		
Indicate the number of diplomas and select your destination preference(s):							
☐ Mail diploma(s) to the address listed above							
☐ Mail diploma(s) directly to a third party listed below							
☐ Pick Up diploma(s) (Available for regular service only. You will be contacted by email when ready.)							
Third Party							
	me / Organization / Depa	artment:					
Ado	dress:						
	Street			City	State	Zip	Country
			Service '	Type & Cost			
Service Type & Cost							
	Type	Cost (per diploma)	Timeframe (up	on receipt of form)*	:		
	Standard	\$20.55 (\$10.75 + \$9.80**)	Mailed within 5-7 b	usiness days, or pick-up available in approximately 7-10 business days			
	Expedited	\$67.95 (\$35+\$32.95**)	Mailed within 1-3 b	ousiness days			
	International Regular	\$50 (\$40+\$10**)	Mailed within 4-7 b	ousiness days (shipping	g time depends of	on carrier)	
	Digital Copy Only	\$50.50 (\$45+\$5.50**)	Arrives in e-mail pr	ovided within 5-10 bu	isiness days		
*D	elivery times vary and are	not guaranteed.					
**F	Paradigm processing fees						
			Office	Han Only			
		_		Use Only			, .
GATEWAY:		☐ Verified no financial holds			(Initial)		_//
FINANCIAL MANAGEMENT: GRADUATION OFFICE:		Date Received:			(Initial) (Initial)	Date: Date sent:	_ / /