MIDDLESEX COLLEGE

Graduation Application
Replacement Diploma Request

Graduation Application

Each prospective candidate for an Associate degree or Certificate must complete a Graduation Application for each program for which they intend to graduate. Completed forms and payment should be submitted to Enrollment Services in West Hall. Students who fail to follow this procedure may not be eligible for graduation.

Please adhere to the following deadlines: Failure to comply with the applicable deadline may result in your name not appearing in the Commencement Program and also may cause a delay in receipt of diploma. **Note:** Rutgers joint program students should also consult Rutgers policy on filing for a replacement or duplicate diploma. Failure to comply with both schools' policies may delay diploma order.

December 1 – January Graduation **April 1 – May Graduation** **July 1 – August Graduation**

1. Check the month and fill in the year of your anticipated graduation:

   ◯ January: _____ ◯ May: _____ ◯ August: _____

2. Indicate exactly how you wish your name to appear on the diploma and in the graduation program.
   (Note: Name changes require proper documentation and must be in accordance with name on academic record).

Diploma Name: _____
(Please print clearly) First Middle Last

3. Middlesex College ID Number: _____ Program: _____

   Personal Email Address: _____ Phone Number: _____

4. Current Address: _____
   Street City State Zip

5. Student Signature: _____ Date: _____

Replacement Diploma Request

Replacement Diplomas are ordered three times a year in conjunction with Graduation cycles. There is a **non-refundable $10 fee** to order a replacement diploma for each program completed.

1. Name: _____
   (Please print clearly) First Middle Last

   (Note: Name changes require proper documentation and must be in accordance with name on academic record).

2. Middlesex College ID Number: _____ Program: _____

   Personal Email Address: _____ Phone Number: _____

3. Current Address: _____
   Street City State Zip

Student Signature: _____ Date: _____

Please complete the information below *in print*:

◯ (Do not mail) I will **Pick Up** my diploma at the Enrollment Services Center when it arrives.

◯ Please ***mail*** my diploma to my current address.
(Diplomas are mailed via US Postal Service. The College is not responsible for any loss/ damage of mailed diplomas).

Comments: _____

R10/21/24