



# DIPLOMA RE-ORDER FORM

Send Completed form to:

Middlesex Community College  
Enrollment Management Center  
33 Kearney Sq  
Lowell, MA 01852

OR

Email Completed form to:

delehanthyc@middlesex.mass.edu

**\*\$30 Re-Order Fee Required - Please Pay in-person at the Student Accounts Office, LC-301 or EC-224 M-F 8:30-4:30 or call (978)656-3292 or (781)280-3645 to make a payment over the phone.**

My degree requirements were completed at the end of the year and semester indicated:

YEAR: \_\_\_\_\_

Fall ☐ Spring ☐ Summer ☐

## Student Information:

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/ State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Degree Information:

### First Program:

☐ Degree ☐ Certificate

Program \_\_\_\_\_ Option \_\_\_\_\_

### Second Program:

☐ Degree ☐ Certificate

Program \_\_\_\_\_ Option \_\_\_\_\_

The exact way your name was printed on the diploma: [Note to student – please print legibly]

First Name

Middle Name or Initial

Last Name

**Office Use Only(Use DIRF Detail Code):**

Received By \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_