



**DIPOLMA REPLACEMENT/NAME CHANGE REQUEST FORM**  
**Montana State University – Great Falls College of Technology**  
 2100 16<sup>th</sup> Avenue South, Great Falls, Montana 59405-4909  
 406.771.3700 or 800.446.2698 or FAX: 406.771.4329

**Approximate Date Attended:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

- Please Check One:** \_\_\_\_\_ **Associate of Applied Science**  
 \_\_\_\_\_ **Associate of Arts**  
 \_\_\_\_\_ **Associate of Science**  
 \_\_\_\_\_ **Certificate**  
 \_\_\_\_\_ **Certificate of Applied Science**  
 \_\_\_\_\_ **Specialized Endorsement**

**REQUESTING:**

- Diploma Replacement**  
 **Name Change**

*\*In order for a name change to be processed, a copy of your new Social Security card (or receipt) must be provided.*

**Social Security No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Previous Names:** \_\_\_\_\_

**SEND DIPLOMA TO:**

*\*Students wishing to pick up their diplomas should write "Pick Up" and a phone number*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**IMPORTANT INFORMATION**

- ✓ A \$10 fee is required for a replacement diploma to be printed.
- ✓ Diplomas are not released if a student has an unpaid financial obligation to any MSU campus. Contact the appropriate institution's Business Office for account details. MSUCOT: (406) 771-4315.

**FOR OFFICE USE ONLY**

<b>AMOUNT DUE:</b>	<b>\$10</b>	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/>	<b>DATE PROCESSED:</b>
<b>AMOUNT PAID:</b>	<b>\$</b>		<b>BY:</b>
<b>DATE/RECEIVED BY:</b>			