



1140 West Mission Road
San Marcos, CA 92069

Phone: (760) 744-1150, Ext. 2165
Fax: (760) 744-2932

Evaluations Office
Enrollment Services

Duplicate Diploma Request

Student Name _____
Last First MI

Palomar ID # _____

Area Code/Phone # _____ Email Address _____

Please print your name exactly as you wish it to appear on the diploma. If the name is different than the name we have on file in our records, you will need to provide proof of the name change.

Printed Name for the Diploma _____

Current Name _____

Address _____

City, State, Zip _____

Diplomas are processed twice a month. They will be mailed to the address listed above unless stated otherwise. If you have any questions or concerns, please contact our office at (760) 744-1150, ext. 2165.

Associate Degree _____
Major

Graduation Date _____
mm/dd/yyyy

Certificate of Achievement _____
Program

Graduation Date _____
mm/dd/yyyy

Certificate of Proficiency _____
Program

Graduation Date _____
mm/dd/yyyy

Certificate of Completion _____
Program

Graduation Date _____
mm/dd/yyyy

____ Mail to the above address ____ Hold for pick-up

There is a charge of **\$15.00 each per diploma or certificate**. If ordering by mail, please send check or money order payable to Palomar College.

Mail to: Palomar College
ATTN: Evaluations Office
1140 West Mission Road
San Marcos, CA 92069

In-Person: Evaluations Office
Student Services Center
Office: SSC-40

Office Use Only

Amount _____

Date Mailed _____

Date Paid _____

Date Picked-Up _____

Receipt # _____

Student Signature _____

Staff Member _____