

DEGREE REPRINT REQUEST

Instructions:

1. Fill out form completely and email to your campus registrar:
 - a. George-Registrar@dtcc.edu
 - b. Stanton-Regsitrar@dtcc.edu
 - c. Terry-Registrar@dtcc.edu
 - d. Owens-Registrar@dtcc.edu
2. Call the Business Office at your home campus to pay the \$9.00 Reprint Fee
 - a. Wilmington – 302-571-5359
 - b. Stanton – 302-454-3906
 - c. Terry – 302 -857-1079
 - d. Owens – 302-259-6119

(PLEASE PRINT)

Name of Student (as you wish it to appear on your Degree)

First

Middle

Last

Mailing Address

City

State

Zip Code

Telephone# (Area Code) _____

Date of Graduation _____

Student ID #

or Date of Birth and Last 4 digits of SSN: _____

Major: _____

Associate Degree Program (2 years)

Diploma Program (1 year)

Signature of Student

Date