

MSU Billings Replacement Diploma Request

Student ID (-0 _____) Full Name Previous Name?

Birthdate College/Major Graduation Date

Mailing Address _____

** please mail to this address

Email _____

Phone _____

** please call me so I can pick it up when ready**

Signature _____

Today's Date _____



REGISTRAR & RECORDS
1500 UNIVERSITY DRIVE BILLINGS, MT 59101-0245
1-406-657-2158
REGISTRAR@MSUBILLINGS.EDU

\$25 fee payable to Montana State University Billings. Please allow 30- 45 days for processing.