



# California Institute of Integral Studies

## ADDITIONAL DIPLOMA REQUEST FORM

CIIS issues one diploma upon graduation. To request an additional or replacement diploma, fill out this form and submit it and a \$50 processing fee to:

Registrar's Office, Room 405, 1453 Mission Street, San Francisco, CA 94103 Fax Number: 415-575-1267

Refunds are not issued for cancelled requests. Diplomas are not issued for students with outstanding financial obligations, uncompleted financial aid exit interviews, unreturned library materials, unmet practicum site obligations or, for spring '09 graduates onward, those who have not completed the graduation survey. If we find a requirement exists, the applicable office will contact you. If you do not resolve the matter with them within 30 days, we will return your request, along with any checks or money orders you've submitted.

For assistance, contact the Registrar's Office at [registrar@ciis.edu](mailto:registrar@ciis.edu) or 415-575-6126.

Name While Attending CIIS: \_\_\_\_\_  
*last name* *first name* *middle initial*

Name as You Would Like it to Appear on Your Diploma\*: \_\_\_\_\_

**\*If you wish to have your diploma issued in a name that differs from the one CIIS has on record for you, you must attach government-issued documentation verifying a legal name change, such as a photocopy of a name change form, divorce decree, marriage license, etc.**

CIIS ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Degree Date: \_\_\_\_\_  
*month / day / year* *month / year*

E-mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*street*

\_\_\_\_\_  
*city state zip country*

Address to Mail Diploma (if different): \_\_\_\_\_  
*street*

\_\_\_\_\_  
*city state zip country*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>REGISTRAR'S OFFICE USE ONLY:</b>		<b>BUSINESS OFFICE USE:</b>	
DATE FORM	HOLD(S)? <input type="checkbox"/> No <input type="checkbox"/> Yes	DATE	
RECEIVED: _____	DATE HOLD CLEARED: _____	PAID: _____	REG: 10/30/17
	DATE REQUEST		
	PROCESSED: _____	BY: _____	



# California Institute of Integral Studies

## CREDIT CARD PAYMENT AUTHORIZATION

Use this form to authorize the Business Office to charge a credit card toward a student's balance. Submit it to:

Business Office, 1453 Mission Street, room 405, San Francisco, CA 94103 Fax: 415-575-1267

For assistance, contact [businessoffice@ciis.edu](mailto:businessoffice@ciis.edu) or 415-575-6132.

Cardholder Name and Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Visa  MasterCard Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

3-Digit Verification Number on Back of Card: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I permit California Institute of Integral to make a one-time charge in the amount of \$\_\_\_\_\_ toward the following student's account:

Student Name: \_\_\_\_\_

CIIS ID Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BUSINESS OFFICE USE:**  
DATE PAYMENT PROCESSED: \_\_\_\_\_ BY: \_\_\_\_\_