



California Nisei College Diploma Project

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APPLICATION FORM

Name of diploma recipient on school records while attending college:

First

Middle

Last

Address: _____

Street Address

City

State

Zip Code

Contact Name: _____ Phone: _____

Contact Name: _____ Email: _____

Optional: _____

I am accepting the diploma on the recipient's behalf:

Name: _____ Relation to recipient: _____

Address: _____

Contact phone: _____ Fax: _____ Email: _____

College Attended:

Name of School Location (City, State) Years Attended

Name you would like on your diploma (if different from above): _____

I received a degree from another institution. Yes No

If Yes, please fill out the following:

College Name _____

Major _____

Is there any additional information that you think may be helpful to locate your records?

I declare that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

****This is not an application form to receive an honorary degree.
It will be used by the JCCCNC to forward information to colleges.**

California Nisei College Diploma Project is a project of the Japanese Cultural and Community Center of Northern California (JCCCNC)
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