



REQUEST FOR CERTIFICATION OF ENROLLMENT

Note: **All outstanding debts to the University must be paid before any certification will be completed. Please allow a minimum of ten working days to complete your request.**

NAME OF STUDENT _____
LAST NAME FIRST NAME MI

ADDRESS _____
STREET

_____ CITY STATE ZIP CODE

CHECK ONE

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Ph.D | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Division of Technology | |

INFORMATION TO BE INCLUDED IN LETTER S.S# _____

ANTICIPATED DATE OF GRADUATION _____

ADDRESSED TO:

SIGNED _____ DATE _____

-

THIS LETTER SHOULD BE

_____MAILED
_____I WILL PICK IT UP

_____NUMBER OF COPIES

Please include e-mail address _____