

# CERTIFICATION REQUEST

PLEASE PRINT CLEARLY

_____ <b>LAST</b> <b>FIRST</b> <b>M.I.</b>			<input type="checkbox"/> <b>ENROLLMENT</b> <input type="checkbox"/> <b>OTHER (Please Indicate)</b> _____ _____
<b>SEMESTER(S):</b> <input type="checkbox"/> <b>FALL 20</b> _____ <input type="checkbox"/> <b>SUMMER 20</b> _____ <input type="checkbox"/> <b>SPRING 20</b> _____ <input type="checkbox"/> <b>FALL INTERSESSION 20</b> _____			<input type="checkbox"/> <b>EXPECTED GRADUATION DATE (Optional)</b> → _____
<b>NUMBER OF COPIES NEEDED</b> → _____			<b>STAMP HERE</b>
<b>REQUEST NEEDED FOR WHOM:</b> _____ _____ _____			
<input type="checkbox"/> <b>PICK-UP</b> <input type="checkbox"/> <b>MAIL-OUT (Please indicate complete address to be sent)</b> _____ _____ _____			
_____			
_____			<b>SIGNATURE</b> <b>DATE</b> _____

*PLEASE NOTE: Completion of this REQUEST REQUIRES THREE (3) WORKING DAYS from the date requested for previous and current semesters.  
For an upcoming semester, please allow THREE (3) WORKING DAYS after the last day of schedule adjustment.*

Revised: 03/04/09

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