

## CERTIFICATION REQUEST

PLEASE PRINT CLEARLY

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

*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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