

GRADUATION CERTIFICATION REQUEST FORM

**Please allow a minimum of 3 business days for processing this form.
Only one copy will be provided per addressee.**

If multiple letters are requested they will be addressed "To Whom it May Concern" and it will be the student's responsibility to distribute the letters to the appropriate parties.

Name: _____ PID: _____
Program: _____ Please circle degree earned: MA MS MAT MEd EdS EdD PhD
Your address: _____

City State Zip Code E-mail address: _____

Please indicate the request being made:

- Please provide a letter stating my pending graduation status (pre-certification).**
This letter is provided prior to graduation certification and may state any missing degree and program requirements.
- Please provide a letter stating my post graduation and certification status.**
This letter is provided post graduation certification. My degree audit shows all graduation requirements have been met.
- Please complete the form attached**

Please provide a graduation certification letter/form to the following hiring official, county or school:

Title: _____
(You must specify a person's name, county or school)
Name of Organization: _____
Address: _____

City State Zip Code

Please indicate the delivery option you prefer:

- I will pick up the letter from the Office of Graduate Affairs (*You will be notified via e-mail or phone when this document is ready for pick up*)
- Mail to my home address provided above
- Mail to the person or county address provided above
- Fax the letter to this phone number (_____) _____ Attention: _____

Student Signature Required: _____ Date: _____