



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: _____

_____ E-mail address: _____

City State Zip Code

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: _____