

# CERTIFICATION LETTER REQUEST

STUDENT ID \_\_\_\_\_ NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Please select:  Undergraduate Student  Graduate Student  Dual Enrolled

## SELECT THE INFORMATION YOU WOULD LIKE US TO VERIFY FROM THE FOLLOWING:

- Enrollment Status:  Fall Year: \_\_\_\_\_  Enrollment History (enrollment status & hours for each semester at Missouri S&T)  
 Spring Year: \_\_\_\_\_  Term GPA for \_\_\_\_\_ Semester  
 Summer Year: \_\_\_\_\_  Cumulative (Overall) GPA  
 Include Number of Hours  Good Academic Standing  
 Degrees Awarded  Anticipated Graduation Date: \_\_\_\_\_  
 Academic Degree Program (major) and Level  
 Other (please specify) \_\_\_\_\_

Number of copies needed: \_\_\_\_\_ Are you currently a CO-OP student? Yes  No

Your Social Security Number will print on the Certification Letter for identification purposes.  
If you do not want your number to be on the letter, please check here:

Student Signature (**REQUIRED**): \_\_\_\_\_ Date: \_\_\_\_\_

- Mail the letter  Pick up over the counter (after 2 working days)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

To FAX a letter, there will be a \$5.00 fee for domestic faxes and a \$15.00 fee for international faxes. You must include the name and FAX number of the individual to whom the fax is to be sent.

Charge to my:  VISA  MASTERCARD  DISCOVER Expiration date (mm/yy): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ \* \* \* 3 Digit Security Code #: \_\_\_\_\_

*Please return this form to the Registrar's Office.*

*Missouri University of Science and Technology  
Registrar's Office  
103 Parker Hall  
300 West 13th Street  
Rolla, MO 65409-0930*

*Fax: 573-202-2392 or 573-341-4362*