

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) Fax the letter

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.

Fax Name: _____ Fax Number: _____

Charge to my: VISA MASTERCARD DISCOVER

Credit Card #: _____ * * * Expiration date (mm/yy): _____

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