

# 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  
 Degrees Awarded  Good Academic Standing  
 Academic Degree Program (major) and Level  Anticipated Graduation Date: \_\_\_\_\_  
 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 CVV: \_\_\_\_\_  
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: 573-341-4362