

**REQUEST FOR LETTER OF COMPLETION**

Student's Name: \_\_\_\_\_ Student Number \_\_\_\_\_

Address \_\_\_\_\_ Site Number \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
\_\_\_\_\_

Name and address of individual to receive letter if other than student:

Name \_\_\_\_\_ FAX: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

M.A.: Area of Concentration: \_\_\_\_\_

M.B.A.: Area of Emphasis: \_\_\_\_\_

Course(s) in which student is currently enrolled:

\_\_\_\_\_ Course number \_\_\_\_\_ Term \_\_\_\_\_

\_\_\_\_\_ Course number \_\_\_\_\_ Term \_\_\_\_\_

Total number of hours completed: \_\_\_\_\_

Date of completion: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

TOTAL NO. OF HOURS REQUIRED TO COMPLETE DEGREE \_\_\_\_\_

Date request received in my office: \_\_\_\_\_

Student account paid in full: Yes \_\_\_\_\_ No \_\_\_\_\_ (Balance due: \$ \_\_\_\_\_)

OK to process letter: \_\_\_\_\_ Letter sent: \_\_\_\_\_  
DATE DATE