

Please send a letter of good standing to:

NAME & ADDRESS OF PERSON/AGENCY TO WHOM INFORMATION SHOULD BE SENT:

(Please print)

NAME _____

STREET OR POST OFFICE BOX _____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____

MY CURRENT STATUS IS: GRADUATE _____ UNDERGRADUATE _____ NON-DEGREE _____

EXPECTED GRADUATION DATE IS: SPRING 1 _____ SPRING 2 _____ SUMMER _____ FALL 1 _____ FALL 2 _____

YEAR _____

The Letter of Good Standing Should Include The Following Information:

____ Verification of Enrollment – FULL TIME _____ PART TIME _____

____ Term(s) to be Verified – FALL _____ SPRING _____ SUMMER _____ YEAR _____

____ Number of Credit hours Enrolled for _____

____ Verification of Expected Graduation Date

____ Verification of Area of Concentration/Major

____ Verification of Official Graduation Date and Degree Received

____ Verification of completion of All Degree Requirements

I have a deadline date of: _____

PURPOSE OF REQUEST/ADDITIONAL COMMENTS:

STUDENT NAME: _____ STUDENT NUMBER: _____

TELEPHONE NUMBER: (____) _____ - _____ SOCIAL SECURITY NUMBER _____

STUDENT SIGNATURE _____

DATE _____