

REQUEST FOR GOOD STANDING OR COMPLETION LETTER

NAME AND ADDRESS OF PERSON/AGENCY TO WHOM INFORMATION SHOULD BE SENT:
(Please Print)

Recipient's Name

Agency/Company

Street or Post Office Box

Dept./Floor/Suite/Apartment

City

State

Country

Zip Code

FAX Number

MY CURRENT ACADEMIC STATUS IS:

GRADUATE **UNDERGRADUATE** **NON-DEGREE SEEKING**

MY EXPECTED GRADUATION DATE IS:

SPRING 1 **SPRING 2** **SUMMER** **FALL 1** **FALL 2** **YEAR** _____

ENROLLMENT OR COMPLETION LETTER SHOULD INCLUDE THE FOLLOWING:

Verification of Enrollment - **FULL TIME** **PART TIME**

Term(s) to be Verified - **FALL** **SPRING** **SUMMER** **YEAR** _____

Number of Credit Hours Enrolled _____

Verification of Expected Graduation Date Verification of Major

Verification of Official Graduation Date and Degree Received

INSURANCE VERIFICATION requires parent's name, social security number and/or policy number.

I have a deadline date of _____ Date of Pick Up _____

ADDITIONAL INFORMATION/INSTRUCTIONS OR COMMENTS:

STUDENT NAME _____ **ID#** _____
(Please Print)

TELEPHONE# () _____ **SOCIAL SECURITY#** _____

STUDENT SIGNATURE

DATE