MONTCLAIR STATE UNIVERSITY
OFFICE OF THE REGISTRAR

REQUEST FOR STATEMENT OF COMPLETION OF DEGREE/CERTIFICATION REQUIREMENTS

(ONE COPY PER STUDENT)

The filing of this form does not constitute filing an Application for Final Degree Audit and cannot be submitted until the final audit has been completed and sent to the student by this office.

PLEASE PRINT CLEARLY

DATE _____

NAME _____

CWID (STUDENT ID NUMBER) _____

DATE OF GRADUATION JANUARY _____ (year) MAY _____ (year) AUGUST _____ (year)

MAJOR _____ CONCENTRATION _____

CERTIFICATION _____

DEGREE/PROGRAM

BA ☐ BS ☐ BMUS ☐

BFA ☐ MA ☐ MS ☐ MAT ☐

MBA ☐ MED ☐ CERT ONLY ☐

STATEMENT TO BE SENT TO: _____

Once degree information has been posted to the record, statements of completion will no longer be obtainable; instead, an official transcript must be requested.

FOR OFFICE USE ONLY: _____no cert _____initial cert cert only_____

_____reg cert _____principal _____EVAL

DATE SENT_____ _____

W02/05