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_____ _____ W6/11