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 by the office of the Registrar.

PLEASE PRINT CLEARLY

DATE _________________________                                          CWID ________________________________

NAME ________________________________________________________________

EMAIL ________________________________________________________________ PHONE _________________________

DATE OF GRADUATION JANUARY______________ MAY________________ AUGUST________________
(year)         (year)      (year)

MAJOR ____________________________________   CONCENTRATION _________________________________

CERTIFICATION _____________________________________________

DERGREE/PROGRAM BA ___________ BS ___________ BMUS ___________ MFA ___________

BFA ___________ MA ___________ MS ___________ MAT ___________

EDD ___________ MBA ___________ MED ___________ CERT ONLY ____________

Include complete mailing address where statement should be mailed 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/PICK-UP ____________ MAIL/EMAIL ____________ STAFF INITIALS ____________