

Degree Certification Letter Request

Please allow at least 10 business days for processing after receipt in GSAS. Students are limited to a total of two letters. All letters are mailed via USPS. Expedited service must be provided by the student. Please contact GSAS for more information.

 UIN PRINT LAST NAME FIRST NAME MI DEPARTMENT NAME
 TELEPHONE: _____ EMAIL: _____



- ☞ All degree requirements must be complete prior to submission of request to Department
- ☞ Do not submit this form if you are currently registered for course(s) other than thesis 599

DEGREE CANDIDATE FOR	TO BE AWARDED	DISTRIBUTION
<input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Advanced Certificate <input type="checkbox"/> Artist Diploma	<input type="checkbox"/> May _____ <input type="checkbox"/> August _____ <input type="checkbox"/> December _____	Please provide contact name and address below for mailing.

STUDENT'S SIGNATURE: _____ DATE: _____

FOR DEPARTMENT PERSONNEL USE ONLY (Department must sign and date): DEGREE PROGRAM: _____ <div style="display: flex; justify-content: space-between;"> Degree Program Code Minor and/or Concentration Code Dept. # </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Student on current term degree list <input type="checkbox"/> All departmental requirements met <input type="checkbox"/> Master's Degree <div style="margin-left: 20px;"> <input type="checkbox"/> Continuing for doctoral <input type="checkbox"/> Terminal Master's </div> <input type="checkbox"/> Using prior institution MS (PhD stage 1) </div> <div style="width: 45%;"> <input type="checkbox"/> Thesis required <div style="margin-left: 20px;"> <input type="checkbox"/> SGRF attached for "DFR" grade change to "S" </div> <input type="checkbox"/> Currently registered (599 only) <input type="checkbox"/> Joint/dual degree programs (circle one) <div style="margin-left: 20px;"> <input type="checkbox"/> Degree Program #1 _____ <input type="checkbox"/> Degree Program #2 _____ </div> </div> </div> <div style="display: flex; justify-content: space-between;"> Printed Name and Signature of Departmental Authorized Certifier Date </div> <p>If all degree requirements are not met, this request will be denied and returned to the department.</p>			
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FOR GSAS USE ONLY: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> University/GC requirements met <input type="checkbox"/> No indebtedness to University Letter type: ALL MET CURRENT TERM Rubric Code: _____ </div> <div style="width: 30%;"> <input type="checkbox"/> COR prelim/final received <input type="checkbox"/> Dissertation/thesis deposited ⇒ </div> <div style="width: 30%;"> <input type="checkbox"/> Registered for final Date filed: _____ </div> </div> <div style="display: flex; justify-content: space-between;"> Auditor: Date Completed: 2nd audit: Date Completed: </div> DATE MAILED: _____			
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