

G704

Office of Academic Affairs
Graduate College
Illinois Institute of Technology
110 Main Building
Chicago, IL 60616

Request for Letter of Completion

The student must be within nine (9) credit hours of the degree requirements for completion letter.

Please print legibly: Mr. Mrs. Ms.

Student's Last Name First Middle Student ID/CWID

Number and street

City State Zip Code

Telephone number (area code first) Business Phone (area code first)

- I will pick up letter of completion.
- Mail letter to the above address.
- Fax letter to _____ *does not apply for International request.*
- Family/friend will retrieve letter on my behalf (*include their full name, valid ID must be presented upon pick up of letter*).

Person retrieving letter of completion

Student's Signature _____ Date _____

For Office Use Only

Request approved _____
Date

Request denied _____
Date