

## **Request for Letter of Completion**

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

Please type or print your information

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Cell Home Business

- 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

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

### **For Office Use Only**

- Request Approved
- Request Denied