

| CERTIFICATE OF ENROLLMENT/ATTENDANCE | |
|---|----------------------------------|
| Student: First Name | Last Name |
| Email Address: | |
| Illinois Tech ID Number: | Field of study at Illinois Tech: |
| Type of program: One-year master's degree program | |
| Date(s) of enrollment (Check one of the following): Start Date (MM/DD/YY) End Date (MM/DD/YY) Fall Spring Summer semester | |
| Sending institution: | |
| Receiving institution: Illinois Institute of Technology, Chicago, IL, USA | |
| Address of institution: 10 West 35th Street, 19th Floor, Chicago, IL 60616, USA | |
| For the Illinois Tech academic adviser: | |
| The signature of the Illinois Tech academic adviser only confirms that the student has registered for relevant courses with credit (number of U.S. credits) for a) in-person/hybrid courses or b) online courses for the current semester (check one of the following): | |
| Fall 20 Spring 20 Summer 20 |) semester |
| Has the student successfully fulfilled the requirements for the master's degree program? Yes No Not yet | |
| Student's intended date/semester for graduation from Illinois Tech if all relevant coursework is successfully completed: | |
| Signature of Illinois Tech academic adviser: | |
| Name of academic adviser: | aail address: Date: (MM/DD/YY) |
| Approval of the sending institution: Name: | |
| Signature of the designated authority for such matters at the sending institution: | |
| Date: (MM/DD/YY) | |