

# Degree Certification Letter Request

\_\_\_\_\_  
 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 complete mailing address for United States Postal Service below.

*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. Cost for expedited postage must be provided by the student at time of request. Please contact GSAS for more information.*

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR DEPARTMENT PERSONNEL USE ONLY (Departmental Authorized Certifier must sign and date):**

DEGREE PROGRAM: \_\_\_\_\_

Degree Program Code	Minor and/or Concentration Code	Dept. #
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<input type="checkbox"/> Student on current term degree list <input type="checkbox"/> All departmental requirements met <input type="checkbox"/> No outstanding petitions or holds <input type="checkbox"/> Master's Degree <input type="checkbox"/> Continuing for doctoral <input type="checkbox"/> Terminal Master's <input type="checkbox"/> Using prior institution MS (PhD stage 1)	<input type="checkbox"/> Thesis required <input type="checkbox"/> SGRF stapled for "DFR" grade change to "S" <input type="checkbox"/> SGRF sent previously on ___/___/___ <input type="checkbox"/> Currently registered (599 only) <input type="checkbox"/> Joint/dual degree programs (circle one) <input type="checkbox"/> Degree Program #1 _____ <input type="checkbox"/> Degree Program #2 _____
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\_\_\_\_\_  
**Printed Name and Signature of Departmental Authorized Certifier** **Date**

If all degree requirements are not met, this request will be denied and returned to the department.  
 Original form must be sent to GSAS. Scanned, faxed, or photocopied forms will not be accepted.

**FOR GSAS USE ONLY:**

<input type="checkbox"/> University/GC requirements met <input type="checkbox"/> No indebtedness to University Letter type: ALL MET CURRENT TERM    Rubric Code: Auditor:                      Date Completed:	<input type="checkbox"/> Prelim/final: registered and received <input type="checkbox"/> Dissertation/thesis deposited ⇔ Date filed: _____ Degree/Name of Major: _____ 2 <sup>nd</sup> audit:                      Date Completed:
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**DATE MAILED:** \_\_\_\_\_