



REQUEST FOR CERTIFICATION

Name: _____ Student ID: _____ Contact Number: _____

Request:

Enrollment Verification: Request for current or future semesters will not be processed until after the official census day for the semester, 12th class day for Fall/ Spring semester or 4th class day for Summer semester.

Fall _____ Spring _____ Summer _____ All Enrollment History

Letter of Intent to Graduate:
*You must apply for graduation prior to submitting request.

Degree: _____ Major: _____ Expected Graduation Date: _____

Letter of Degree Completion:
*All grades and transcripts must be submitted.

Degree: _____ Major: _____ Expected Graduation Date: _____

Delivery Method:

Pick Up Email to: _____

Mail to: Attn: _____
_____ Fax to: Attn: _____

Student Signature: _____ Date: _____

Office Use Only:

ID Validation: _____ Received by: _____ Date: _____ Processed by: _____ Date: _____

Office of the University Registrar

5201 University Boulevard Laredo, TX 78041-1900 Phone: 956-326-2250 Fax: 956-326-2249