

Certification of Completion Letter Request

STUDENT INFORMATION

_____ Include ID on Letter? Yes No
Student ID Number

_____ Last Name _____ First Name _____ Middle/Maiden

_____ Semester _____ Year _____ Graduation Date

NOTE: This letter of certification will not be completed until all conditions have been met on degree audit. Report of Final Examination and thesis/dissertation (where required) must be complete in file. Request for letter must be submitted at least 24 hours in advance.

RECIPIENT INFORMATION

_____ Name

_____ Street Address

_____ City _____ State _____ Zip _____ Phone Number

_____ E-mail Address

Please mail, fax, or bring the completed form to:

The University of Tennessee
Graduate School
P-105 Andy Holt Tower
Knoxville, TN 37996-0104
Fax: (865) 946-1090

FOR OFFICE USE ONLY	
Candidacy	_____
Final Exam	_____
Sent Letter	_____