

HARRIS-STOWE STATE UNIVERSITY

OFFICE OF THE REGISTRAR
Room 116

3026 Laclede Avenue
St. Louis, MO 63103
(314) 340 - 3602

GRADUATION/CERTIFICATION VERIFICATION REQUEST

****Notice: All requests for graduation/certification letters will be verified before processed.****

GRADUATION VERIFICATIONS: A degree must be conferred to verify graduation. Otherwise, if you are a current graduation candidate and dependent on the remaining requirements, if possible a letter may or may not be written to verify the level of completion.

CERTIFICATION VERIFICATIONS: The institution only verifies recommendations for certification if all requirements have been met. Otherwise, a letter may or may not be written based on approval and direction provided by the Teacher Education Certification Officer.

(Please print clearly)

NAME: _____ CARS ID. NO.: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE: _____

LAST SEMESTER/YEAR ENROLLED: _____ MAJOR: _____

.....
VERIFY: *GRADUATION*: _____ *CERTIFICATION*: _____ DATE RECEIVED: _____

DEGREE/CERTIFICATION AREA(S): _____

SIGNATURE: _____ **DATE:** _____

.....
OPTION: *MAIL*: _____ *PICK UP*: _____ *TO WHOM IT MAY CONCERN*: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Certification Requests Only

As the Teacher Education Certification Officer, I declare approval to verify the following:

SIGNATURE: _____ DATE: _____

Office of the Registrar Use Only

A copy of verification must be attached to this form.

PROCESSED BY: _____ DATE: _____