

APPLICANT NAME		APPLICATION No.	
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CERTIFICATE OF EXPECTED COMPLETION

- STUDENT NAME IN FULL:
- DATE OF BIRTH(mm/dd/yyyy):
- DEPARTMENT/MAJOR:
- STUDENT ID NUMBER:
- TOTAL NUMBER OF SEMESTERS COMPLETED:
- TOTAL NUMBER OF CREDIT HOURS COMPLETED:
- CREDIT HOURS CURRENTLY ENROLLED IN:
- REQUIRED TOTAL CREDIT HOURS FOR GRADUATION:
- GRADE AND SEMESTER CURRENTLY ENROLLED IN:

I verify the above-named person is expected to complete half of the credit hours of his/her degree requirements by mm / dd / yyyy upon successful completion of the courses he/she is currently enrolled in.

NAME OF UNIVERSITY [Official Stamp or Verifier Signature]

VERIFIED BY:_____

DATE:_____

NAME & POSITION:_____

DEPARTMENT:_____

CONTACT INFORMATION

Tel:_____

Email:_____