

University of Hawaii at Hilo
LETTER OF CERTIFICATION REQUEST

Print Name: _____

Student ID: _____ Phone: _____

Signature: _____ Date: _____

COMPLETE ONLY THOSE ITEMS TO BE INCLUDED IN THE LETTER

Enrollment Status: Full-Time Half-Time Less than Half-Time

Fall: _____ Spring: _____ Summer: _____ All Terms:

List year(s) to be verified. Check box if you want *all* terms attended.

Class Standing: Graduate Professional Sr Jr Soph Fr

Anticipated Graduation Date: _____

(Semester & Year)

Current Major: _____

(Major, Minor, Certificate)

Other: _____

(Degree Awarded, No Attendance, Good Standing, etc.)

Check all that apply:

Mail Letter To: _____

Fax To: () _____ Attn: _____

Pick-Up Letter in Person Copy Original

Letters are processed within two business days.

For Office of the Registrar Use Only: *Date Received:* _____

Date Sent: _____ *By:* _____