



CERTIFICATION REQUEST

- | | |
|---|---|
| <input type="checkbox"/> ENROLLMENT: SEMESTER _____ | <input type="checkbox"/> GPA |
| <input type="checkbox"/> REGISTRATION: SEMESTER _____ | <input type="checkbox"/> PLACEMENT SCORES (COMPASS/ASSETT/ACCUPLACER) |
| <input type="checkbox"/> ACCEPTANCE: SEMESTER _____ | <input type="checkbox"/> WITHDRAWAL/NEVER ENROLLED
SEMESTER: _____ |

PLEASE PRINT CLEARLY:

NAME: _____ STUDENT ID/SSN: _____
PHONE NUMBER HOME: _____ OTHER: _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- PLEASE EMAIL TO MY SMARTWEB ACCOUNT: _____
- PLEASE SEND TO THE EMAIL ADDRESS BELOW:
EMAIL: _____
- PLEASE FAX TO THE NUMBER BELOW:
FAX NUMBER: _____
ATTENTION: _____
- I WILL PICK UP

STUDENT SIGNATURE

OFFICE USE ONLY

PROCESSED