REQUEST FOR CERTIFICATE OF ENROLLMENT

PLEASE PRINT NEATLY - Please allow at least two days for the certificate to be prepared.

_____

FAMILY (LAST) NAME FIRST NAME MIDDLE NAME

YOUR BANNER OR SOCIAL SECURITY # _____EMAIL: _____

HOME COUNTRY:_____EXPECTED DATE OF GRADUATION:_____

NAME OF DEGREE:_____FIELD OF STUDY:_____

HAVE YOU EARNED A DEGREE AT MIAMI? _____

NAME DEGREE & DATE EARNED:_____

DATE FIRST ENROLLED AT MIAMI: _____

DATES CERTIFICATE IS TO COVER
(for example: Academic year 2001-02): _____

DO YOU WISH TO HAVE YOUR DATE OF BIRTH ON THE CERTIFICATE? If yes, please give date of birth: (month/day/year)_____

INDICATE BELOW WHAT KIND OF FINANCIAL INFORMATION, IF ANY, THAT YOU WISH TO HAVE INCLUDED ON THE CERTIFICATE

____Breakdown of Tuition/Fees (If you wish to have amount of tuition/fees/ living expenses included on certificate, please check below:

____FINANCIAL AID THAT YOU RECEIVE FROM MIAMI UNIVERSITY

____Assistantship _____Grant-in-Aid _____ Scholarship

OTHER INFORMATION NEEDED ON CERTIFICATE:_____

_____

NUMBER OF COPIES NEEDED:_____

_____
SIGNATURE

_____
DATE

2/02