

REQUEST FOR CERTIFICATION OF DEGREE LETTER

 UIN PRINT LAST NAME FIRST NAME MI DEPARTMENT

TELEPHONE: _____ PURPOSE: Visa
 EMAIL: _____ Employment: _____
 Name of Employer (letter will be sent directly to employer)

NOTE: All degree requirements must be met prior to submission.

DEGREE CANDIDATE FOR	TO BE GRANTED ON	DISTRIBUTION
<input type="radio"/> Master's Degree <input type="radio"/> Doctoral Degree <input type="radio"/> Advanced Certificate	<input type="radio"/> August _____ <input type="radio"/> October _____ <input type="radio"/> December _____ <input type="radio"/> May _____	<input type="radio"/> Pickup at 901 W. Illinois St., Urbana – For Visa only. OR <input type="radio"/> Send to the following address: _____ _____ _____

DEGREE MAJOR: _____

STUDENT'S SIGNATURE: _____ DATE: _____

STUDENT: returns this form to The departmental office.
 Please contact your department if you have any questions or concerns.

1 **FOR THESIS OFFICE USE ONLY:**
 Thesis Office approval stamp required if the student has deposited thesis:

2 **FOR DEPARTMENT PERSONNEL USE ONLY** (Department must sign and date before degree can certify):

Add to Pending Degree List (PDL) Non-Thesis
 All departmental requirements have been met Thesis
 Change all Ph.D. thesis 499/599 from "DFR" to "S"

Departmental Processor: _____
 Signature _____ Date sent _____

If all degree requirements are not met, this section will be marked "VOID" and returned to the department.

3 **FOR GRADUATION UNIT, OFFICE OF THE REGISTRAR USE ONLY:**

Have no indebtedness to the University.
 University and Graduate College requirements have been met.
 Were registered when final was taken or otherwise in accordance with Graduate College rules.
 The certificates for the prelim and final exam for the doctoral degree have been received.

Auditor: _____ Date completed _____ Date mailed to student _____