

Certification Request

Please allow 3-5 business days for processing.

Office of the Registrar · 3200 Cold Spring Rd., Indianapolis, IN 46222 · Phone: 317.955.6050 · Fax: 317.955.6575 · regis@marian.edu

Name: _____ SSN: _____
Please list all names used while in attendance. Last four of SS# or student ID

I am a student in the*: Traditional program MAP program Graduate program Online BSN programs
*COM DO students should find the appropriate form(s) on the Registrar's Page under the Enrollment/Degree Verification tab.

Type of certification requested

Certification of enrollment at Marian University
In order to be certified for any term, you must already be registered for classes in that term.

Certify enrollment for: (check those that apply; write in last two digits of year)

- Fall semester:** August to December 20____
 Spring semester: January to May 20____
 Multiple/other terms: beginning _____ (mo/yr)
ending _____ (mo/yr)

Note for MAP (Marian Adult Program) students: Fall semester: Terms 1, 2, and 3 & Sessions 1 and 2 · Spring semester: Terms 4, 5, and 6 & Sessions 4 and 5 · Summer semester: Terms 7, 8, and 9 & Sessions 7 and 8.

Full-time Status / Half-time Status: All certification letters will indicate your enrollment status (full-time/half-time). For undergraduate students, 6 credit hours is half-time and 12 credit hours is full-time. For graduate students, 5 credit hours is half-time and 9 credit hours is full-time.

In its default form, this letter will include the following non-directory information:

- ▶ Your Social Security number (to enable the receiving party to identify you within their records)
- ▶ The number of credit hours in which you are enrolled for each certified semester
- ▶ Please check if you do not want the following non-directory information to be released. If these items are not checked, signing this form implies your consent to release this information.

Do not release Social Security # **Do not release** number of credit hours enrolled

Certification of graduation/degree received or expected

Degree received/degree expected: _____

Date of graduation/expected date of graduation (month/year): ____/____

Other certification request (explain): _____

Recipient information

I will pick up my certification letter in 3-5 business days on _____.

Please send my certification letter to the address, fax or email below.

Company/Name _____

Street _____ FAX/EMAIL _____

City _____ State _____ Zip _____

Student signature*: _____ **Date:** _____

*This document requires an original/legal signature. A typed in name will not be accepted as a signature.

Updated April 2017