



Certification Form

Office of the Registrar, University of Michigan

1210 LSA Building
500 S. State Street
Ann Arbor, MI 48109-1382
Phone: 734.763.9066
Fax: 734.764.5556
http://ro.umich.edu

Return form in person to Student Services, 2200 SAB, 515 Jefferson St, or B-430 Pierpont Commons. Mail or fax the form to the address/fax above.

PART I -- TO BE COMPLETED BY THE STUDENT - PLEASE PRINT OR TYPE

U-M ID NUMBER OR SOCIAL SECURITY NUMBER ACCOUNT NUMBER (IF APPLICABLE)

LAST NAME FIRST MIDDLE FORMER NAME, IF APPLICABLE

STREET ADDRESS

CITY STATE ZIPCODE PHONE NUMBER

PLEASE NOTE BELOW ONLY THE INFORMATION THAT YOU NEED TO HAVE VERIFIED. THE UNIVERSITY OF MICHIGAN CAN ONLY CERTIFY TERMS FOR WHICH YOU HAVE REGISTERED.

Enrollment (month/year): ____/____/____ to ____/____/____

Anticipated date of graduation (month/year): ____/____/____ Degree(s) and Major/Field: _____

Pre-registration (Indicate if certification is needed once you have registered but classes have not yet begun):

____ Fall ____ Winter ____ Spring-Half ____ Spring-Summer ____ Summer-Half

Degree(s) awarded (month/year): ____/____/____ Degree(s) and Major/Field: _____

Other: _____

I AUTHORIZE THE UNIVERSITY OF MICHIGAN TO VERIFY AND RELEASE THIS INFORMATION TO THE NAME AND ADDRESS BELOW:

SEND TO

SIGNATURE DATE

PART II -- TO BE COMPLETED BY THE REGISTRAR:

Past and/or present enrollment (month/day/year):

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

Anticipated Date of Graduation (month/year): ____/____/____ Degree(s) and Major/Field: _____

Pre-registered for the following term(s):

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

____/____/____ to ____/____/____ ____ Full Time ____ At Least Half Time ____ Less Than Half Time

Degree(s) awarded (month/day/year): ____/____/____ Degree(s) and Major/Field: _____

Other: _____

I CERTIFY THAT THE INFORMATION STATED IN PART II IS CORRECT.

UNIVERSITY OF MICHIGAN -- OFFICE OF THE REGISTRAR
FEDERAL CODE: 0 0 2 3 2 5

University Seal

UNIVERSITY REGISTRAR DATE

VOID WITHOUT THE APPROPRIATE OFFICIAL'S SIGNATURE AND THE
AFFIXED SEAL OF THE UNIVERSITY OF MICHIGAN