



# 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