



# Certification Form

Office of the Registrar, University of Michigan

LS&A Suite 5000  
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 Wolverine Services, 2200 SAB, 515 Jefferson St, or 2202 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 \_\_\_\_\_ 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