



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
Email: ro.transcript.order.questions@umich.edu

Return completed form by mail, fax, or email to address, fax, or email 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