

CERTIFICATION REQUEST

Office of the Registrar
Agnes Scott College

Name: _____ ID #: _____

Student Type: Undergrad Post Bac Other

Request is for:

Letter of Certification. Unless otherwise specified, the letter will include all semesters attended with dates, credit hours and load (full- or part-time), as well as the current program and expected date of graduation.

Please also include:

Statement of Good Standing

Major

GPA

Social Security Number

Other

Completion of a form (please attach the form, and be sure to fill out any information and/or sign if required.)

Certification of degree

Sending Information:

Mail to: _____

Fax / Email: _____

Hold for Pickup

Signature: _____ Date: _____

Return form in person to Buttrick Hall 101B, scan and email to
registrar@agnesscott.edu or fax to (404) 471-5255.
Requests are typically processed with 24-48 hours.