UNIVERSITY OF GUAM
UNIBETSEDÅT GUÅHAN

CERTIFICATION REQUEST

PLEASE PRINT CLEARLY

_____ _____ _____ **LAST** **FIRST** **M.I.**	☐ **ENROLLMENT** ☐ **OTHER (Please Indicate)** _____ _____ ☐ **EXPECTED GRADUATION DATE (Optional) →** _____
SEMESTER(S): ☐ **FALL 20_____** ☐ **SUMMER 20_____** ☐ **SPRING 20_____** ☐ **FALL INTERSESSION 20_____**	**STUDENT ID# →** _____ **DATE OF BIRTH →** _____ **CONTACT NUMBER →** _____
NUMBER OF COPIES NEEDED → _____	STAMP HERE
REQUEST NEEDED FOR WHOM: _____ _____ _____	
◯ **PICK-UP** ◯ **MAIL-OUT (Please indicate complete address to be sent)** _____ _____ _____	**SIGNATURE** **DATE** _____ _____

PLEASE NOTE: Completion of this REQUEST REQUIRES THREE (3) WORKING DAYS from the date requested for previous and current semesters.
For an upcoming semester, please allow THREE (3) WORKING DAYS after the last day of schedule adjustment. Revised: 03/04/09

UNIVERSITY OF GUAM
UNIBETSEDÅT GUÅHAN

CERTIFICATION REQUEST

PLEASE PRINT CLEARLY

_____ _____ _____ **LAST** **FIRST** **M.I.**	☐ **ENROLLMENT** ☐ **OTHER (Please Indicate)** _____ _____ ☐ **EXPECTED GRADUATION DATE (Optional) →** _____
SEMESTER(S): ☐ **FALL 20_____** ☐ **SUMMER 20_____** ☐ **SPRING 20_____** ☐ **FALL INTERSESSION 20_____**	**STUDENT ID# →** _____ **DATE OF BIRTH →** _____ **CONTACT NUMBER →** _____
NUMBER OF COPIES NEEDED → _____	STAMP HERE
REQUEST NEEDED FOR WHOM: _____ _____ _____	
☐ **PICK-UP** ☐ **MAIL-OUT (Please indicate complete address to be sent)** _____ _____ _____	**SIGNATURE** **DATE** _____ _____

PLEASE NOTE: Completion of this REQUEST REQUIRES THREE (3) WORKING DAYS from the date requested for previous and current semesters.
For an upcoming semester, please allow THREE (3) WORKING DAYS after the last day of schedule adjustment. Revised: 03/04/09