

Dean's Certification Request Form

Submit this form to the Registrar's Office in Room 5-117. Full name as registered: _____ first middle last/family Dates of attendance: _____ Degree(s) awarded (if applicable): ______ Expected date of graduation (if applicable): Expected degree(s) (if applicable): Phone: (_____) _____ Email: _____ Address: ______ city state or province postal code Would you like a copy of the official MIT certification letter sent to you at this address as a confirmation of the processing of your order? This may be helpful for you to have for your own records, and it is completely independent of the waiver you sign on the original forms. YES NO Names of schools where you need certification letters sent: Special instructions (i.e., additional documents needed): Signature: ______ Date: _____