



Office of the University Registrar

University of Missouri

Request for Certification Letter

(Please print other than required signature.)

NAME _____ EMAIL _____

STUDENT # _____ or SOCIAL SECURITY # _____

Complete the below information

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Enrollment History |
| <input type="checkbox"/> Number of Hours (Term) | <input type="checkbox"/> Academic Degree Program and Level |
| <input type="checkbox"/> Term GPA | <input type="checkbox"/> Cumulative GPA |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Term(s) _____ |
| <input type="checkbox"/> On-line Course Information | <input type="checkbox"/> Schedule of Classes |
| <input type="checkbox"/> Anticipated Graduation Date (This is only available if the student's college or school has entered the Information into the myZou system) | |
| <input type="checkbox"/> Other(please specify): _____ | |

Choose one:

Mail (provide address): Attention: _____

Fax (provide fax #): Attention: _____

Email: _____

Pick up (Will be available the following business day after 2:00 pm)
(Request will only be held for 5 business days. After that time a new request will be required.)

Method of Payment: \$25 charge per certification request:

- Cash Check
- Credit Card: Visa MasterCard Discover AMEX

Note: Please contact the office by telephone at 573-882-7881 to provide your credit card number and expiration date.

Student Signature (REQUIRED) _____ Date _____