



**Certificate Request Form**

Note: 1. Any fees required for preparing the documents are due and payable at the time this request is submitted.

2. Minimum processing time is 3 days

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Phone No:** \_\_\_\_\_ **Other Contact Phone No.** \_\_\_\_\_

**Please indicate the Certificate you are requesting for:**

**Enrollment Certificate**

Current Program of Study: \_\_\_\_\_

First Request within the current enrollment year (no fee required)

Duplicate Request within the current enrollment year (\$10 per copy)

Total Copy Requested: \_\_\_\_ Total Fee Due: \$ \_\_\_\_ (\$10/copy X number of copy requested)

**Certificate of Completion (Massage Therapy students only)**

Program of Study:  300 Hour Program  600- Hour Program  1000- Hour Program

Quarter Completed/Expected to Complete:  Winter  Spring  Summer  Fall \_\_\_\_\_  
Year

First Request (no fee required)

Duplicate certificate (\$50 per issuance) Total Fee Due: \$ \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\*\*\*\*\* Office Use \*\*\*\*\*

For student completing the program requesting for Certificate of Completion:

Dean's Approval  Yes  No \_\_\_\_\_  
Dean's signature Date

The student has fulfilled financial obligation  Yes  No

\_\_\_\_\_  
Signature of Registrar Date

If the student is a F-1 student

\_\_\_\_\_  
Signature of DSO Date

Library clearance:  Yes  No \_\_\_\_\_  
Librarian's signature Date

**Registrar's approval :** \_\_\_\_\_ **Date Request Received:** \_\_\_\_\_

**Date Document Issued:** \_\_\_\_\_