

**The Graduate College
Registrar's Statement**

Dear Applicant:

Please fill out the top portion of this sheet and request the Registrar of the institution from which you will receive your degree to complete the remainder, and return the form to the Graduate College of Northeastern Illinois University.

Name _____ SSN _____

Address _____

City, State, Zip Code _____ Phone _____

This is to certify that the above student is an undergraduate degree candidate for the following degree:

_____ Student is not currently enrolled.

_____ Student is currently enrolled for the following courses.

Course No.	Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANTICIPATED DATE OF GRADUATION _____

_____ *Signature* _____ *Date*

Not valid without the signature of the Registrar and the seal of the institution.

Registrar: Retain Second Sheet

Rev. 6/01

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