

**PERSONAL INFORMATION: Fill out completely.**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: XXX – XX – \_\_\_\_\_

**Term(s) to be Certified (circle one):**

**Day Terms:** Fall Spring Summer A Summer B Summer C Summer D

**Evening Terms:** Fall 1A 1B 1C  
Spring 2A 2B 2C  
Summer 3A 3B 3C

**Graduate Terms:** Fall Spring Summer I Summer II Summer III

- Optional – Do you want Grade Point Average to be included: YES / NO
- Optional – Anticipated Graduation Term/Year (e.g. Spring 2020): \_\_\_\_\_

**DELIVERY OPTIONS: Check all that apply.**

Pick-Up

Fax Fax Number: \_\_\_\_\_