



Graduate College

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Students are responsible for understanding the DCL policy at grad.illinois.edu/files/pdfs/handbook.pdf#leave

DEGREE CERTIFICATION LETTER REQUEST

UIN PRINT LAST NAME FIRST NAME MI DEPARTMENT NAME
TELEPHONE: _____ EMAIL: _____



- ➡ All degree requirements must be complete prior to submission of request to Department
- ➡ You may not be currently registered for any course other than 599 research, although some zero-credit-hour seminar-type courses may be accepted if no impact on degree or GPA

DEGREE CANDIDATE FOR	TO BE AWARDED	DISTRIBUTION
<input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Advanced Certificate <input type="checkbox"/> Artist Diploma	<input type="checkbox"/> May _____ <input type="checkbox"/> August _____ <input type="checkbox"/> December _____	Please provide contact name and complete mailing address for United States Postal Service below. PDF copies can be provided for employers only (Contact name/email required).

Please allow up to 10 business days for processing after receipt by the Graduate College. Students are limited to a total of two letters. Cost for expedited postage must be provided by the student at time of request.

STUDENT'S SIGNATURE: _____ DATE: _____

FOR DEPARTMENT PERSONNEL USE ONLY (Departmental Authorized Certifier must sign and date):

DEGREE PROGRAM: _____
Degree Program Code Minor and/or Concentration Code Dept. #

- | | |
|--|--|
| <input type="checkbox"/> Student on current term degree list | <input type="checkbox"/> Using prior institution MS (PhD stage 1) |
| <input type="checkbox"/> All departmental requirements met | <input type="checkbox"/> Thesis required (TDA submitted ___/___/___) |
| <input type="checkbox"/> No outstanding petitions or holds | <input type="checkbox"/> Currently registered (599 or seminar only) |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Joint/dual degree programs (circle one) |
| <input type="checkbox"/> Continuing for doctoral | <input type="checkbox"/> Degree Program #1 _____ |
| <input type="checkbox"/> Terminal Master's | <input type="checkbox"/> Degree Program #2 _____ |

Printed Name and Signature of Departmental Authorized Certifier _____ Date _____

FOR GRADUATE COLLEGE USE ONLY:

- | | |
|---|--|
| <input type="checkbox"/> University/GC requirements met | <input type="checkbox"/> Prelim/final: registered and received |
| <input type="checkbox"/> No indebtedness to University | <input type="checkbox"/> Dissertation/thesis deposited ⇨ Date filed: _____ |
| Letter type: ALL MET | |
| CURRENT TERM Rubric Code: _____ | Degree/Name of Major: _____ |
| Auditor: _____ Date Completed: _____ | 2 nd audit: _____ Date Completed: _____ |

DATE MAILED: _____