

## REQUEST FOR LETTER OF COMPLETION

**UNDERGRADUATE**

**GRADUATE**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Permanent Address (Will Mail-to Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Salem State email

\_\_\_\_\_  
Degree Program

\_\_\_\_\_  
Completion Year

Completion Term:     SUMMER I    SUMMER II    FALL    WINTERSESSION    SPRING

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pick up at Student Navigation Center?    \_\_\_\_\_ (Yes or No)

Please Note: Please allow up to 2 weeks for processing. This request for a letter of completion does not substitute for the Application for Degree form. The application must be filled out by the specified deadline. Please visit the Student Navigation Center's website for more information.