Registrar's Office

Dean's Certification Request Form

Submit this form to the Registrar's Office in Room 5-117.

MIT ID: _____

Full name as registered: _____ _____ _____
first middle last/family

Dates of attendance: _____

Degree(s) awarded (if applicable): _____

Expected date of graduation (if applicable): _____

Expected degree(s) (if applicable): _____

Phone: (_____) _____ Email: _____

Address: _____

_____ _____ _____
city state or province postal code

Would you like a copy of the official MIT certification letter sent to you at this address as a confirmation of the processing of your order? This may be helpful for you to have for your own records, and it is completely independent of the waiver you sign on the original forms.

- ○ YES
- ○ NO

Names of schools where you need certification letters sent:

_____ _____

_____ _____

Special instructions (i.e., additional documents needed):

_____

_____

_____

_____

Signature: _____ Date: _____