REQUEST FOR CERTIFICATE OF COMPLETION

UNDERGRADUATES ONLY

Type or use INK to complete form. Fill out a form for each request. Note if you are in more than one college, you must fill out a separate form for each one.

TYPE OR PRINT YOUR NAME AS IT APPEARS ON UNIVERSITY RECORDS.

Name: _____
LAST FIRST MIDDLE

SID# _____ ❑ U College/School: _____ Major: _____

❑ Please hold my Certificate of Completion for pick-up.

❑ Please mail my Certificate of Completion to:

Name: _____
First Middle Last

_____
Firm, Institution or Organization

_____
Street Address

_____
City State or Country (if non-USA) Zip Code

I am currently or was last registered at UC Berkeley for the term of:

❑ Fall ❑ Spring ❑ Summer 20 ____

Signature: _____ Date: _____

Telephone #: (_____)_____ Email: _____

_____
Street Address

_____
City State or Country (if non-USA) Zip Code

RETURN TO:
OFFICE OF THE REGISTRAR
120 SPROUL HALL
UNIVERSITY OF CALIFORNIA
BERKELEY, CA 94720

OFFICE OF THE REGISTRAR USE ONLY

Accepted by: _____ Processed by: _____ Date Mailed: _____
Date: _____ $6.00 Fee Per Certificate

OR: Mar 07/RTN: 1 yr.