

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# _____ 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 #5404
UNIVERSITY OF CALIFORNIA
BERKELEY, CA 94720-5404

OFFICE OF THE REGISTRAR USE ONLY

Accepted by: _____ Processed by: _____ Date Mailed: _____

Date: _____