



LETTER OF COMPLETION REQUEST
OFFICE OF THE REGISTRAR

Please allow 24 hours for processing.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or registrar@fsouthern.edu.

PERSONAL INFORMATION: Fill out completely.

Name: _____ Student ID#: _____

SS#: XXX – XX – _____

DELIVERY OPTIONS: Check all that apply.

Pick-Up

Fax Fax Number: (_____) _____ – _____

Please mail _____ number of copies to:

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____ **DATE:** _____

NOTES:

OFFICE USE ONLY

DEGREE: _____ MAJOR(S): _____

REQUIREMENTS COMPLETED ON: _____ DEGREE WILL BE CONFERRED ON: _____

CLEARED WITH BUSINESS OFFICE ON: ____/____/____ PER: _____

COMPLETED: ____/____/____ INITIALS: _____

Revised: June 2019