

DEAN'S CERTIFICATION REQUEST FORM

MIT, Office of the Registrar
77 Massachusetts Avenue, 5-119
Cambridge, MA 02139
Phone: 617 253 2658
Fax: 617 253 7459
academicletters@mit.edu

FULL NAME AS REGISTERED AT MIT: _____

MIT ID: _____

DATES OF ATTENDANCE: _____

DEGREE AWARD(S) (if applicable): _____

EXPECTED DATE OF GRADUATION (if applicable): _____

EXPECTED DEGREE(S) (if applicable): _____

CONTACT INFO:

Phone: _____ **Email:** _____

Address: _____

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 TO WHERE YOU NEED CERTIFICATION LETTERS SENT:

SPECIAL INSTRUCTIONS (e.g. Do you have postcards you would like to have included?):

SIGNATURE: _____ **DATE:** _____