UNIVERSITY OF MINNESOTA

LETTER OF CERTIFICATION REQUEST FORM

DIRECTIONS—To ensure prompt processing, provide all information requested. A letter of certification will be sent upon verification that all requirements have been satisfied for the requested certification option.

RETURN FORM:

BY EMAIL:
gssp@umn.edu

Questions?
Phone: 612-625-3490
Email: gssp@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

SECTION A. Student information

Legal name (last, first, middle initial)		
Phone (include area code)	University email address	University ID
Major field	Degree	
Send Letter of Certification to the following email address:		

SECTION B. Certification information

Please choose one of the following options:

- ☐ Doctoral Preliminary Oral (candidacy)
- ☐ Doctoral Final Oral completion
- ☐ Doctoral degree completion (Anticipated grad month _____)
- ☐ Masters degree completion (Anticipated grad month _____)

Please choose one of the following options regarding the reason for your request:

- ☐ Required by employer
- ☐ Required for grant/fellowship
- ☐ Required for bank/lender
- ☐ Other: _____

I hereby authorize the Graduate School of the University of Minnesota to release the information specified above.

Student signature	Date

To request copies of this form in an alternative format, please call the Disabilities Resource Center liaison at 612-625-9578.
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OTR196 04/25

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