



Office of International Services
Certification of Readiness to Complete Program of Study

Student's Name: _____ Student ID# _____

Program of Study _____ Degree Level: _____

To Whom It May Concern:

Upon successful completion of current coursework, the above named student is scheduled to complete her/his program of study and will be expected to participate in commencement exercises on **May 21, 2016**. It is our expectation that family members will join us in celebrating such a momentous occasion.

Dept. Chair/Advisor (Print Name) Signature Date

Int'l Services/P/DSO (Print Name) Signature Date