



Graduate and Undergraduate Studies: OFFICE OF THE ASSOCIATE DEAN
4202 East Fowler Avenue, BEH201, Tampa, Florida 33620
phone (813) 974-6957 fax (813) 974-4075

LETTER REQUEST
(Undergraduate Only)

Last Name: _____ First Name: _____

Student ID: U _____ Local Telephone: _____

Local Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Document needed by: _____

Please provide me with the following:

Letter of Completion () Term in which you applied to graduate (application for degree must be on file in order to obtain a letter of completion):

Fall Spring Summer

Financial Aid now requires that students self declare their graduation status via your OASIS account. DO NOT COMPLETE THIS FORM.

Other () Please explain request:

I understand that there is a 24-hour waiting period for my request to be processed.

Signature: _____ Date: _____

() I will pick up this document at your office on: _____

OR

() Please mail or fax document to:

Mailing Address: _____ Fax #: _____

