REQUEST FOR CERTIFICATION OF INFORMATION

Are you currently enrolled at Nicholls?  □ Yes  □ No

Information requested for (specify year):  Spring ________  Summer ________  Fall ________

SPECIFIC INFORMATION REQUIRED (check all applicable boxes):

□ Completion of Attached Form
□ Good Student Discount Form (usually cannot be processed between semesters)
□ In-School Deferment: Expected graduation date? ________________________________
□ Other (specify) ________________________________

□ Letter (specify requested information below)
□ Insurance Policyholder’s Name: ___________________________  Policy Number: ___________________________
□ Semester Grade Point Average  □ Enrollment Status (part-time/full-time)
□ Official Cumulative Grade Point Average  □ Hours Enrolled
□ Internal Adjusted and Official Cumulative Grade Point Averages  □ Expected Graduation Date ___________________
□ Class Schedule

Additional Information to Include: _________________________________________________________________

PURPOSE OF REQUEST: _________________________________________________________________

□ Please Mail Information To: _____________________________________________________________
□ Please Fax Information To:  

ATTN: _____________________________
Co/Dept: ___________________________
Fax No. ___________________________

FOR OFFICE USE ONLY

Date Information Issued: _____________________________  Accepted By: _____________________________
Processsed By: _____________________________

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