



Inter American University of Puerto Rico
Office of the Registrar

CERTIFICATION REQUEST

Please read the instructions before completing this form.

Identification Number: _____

Surnames: _____

First Name: _____ Initial: _____

Campus: _____

Level of studies to be certified:☐ Technical Certificates☐ Undergraduate Level (Associate and Bachelors)☐ Professional Level☐ Graduate Level (Masters)☐ Graduate Level (Doctoral)**Certification of:**☐ Registration or Studies☐ Grades☐ Graduation☐ Other (Indicate): _____**Academic Term of Certification:**☐ August (Intensive)☐ January (Intensive)☐ August to December☐ January to May☐ August to October☐ January to March☐ October to December☐ March to May☐ November to February☐ February to May☐ Summer (June)☐ Summer (July)**Purpose of the Certification:**☐ Medical Plan☐ Department of the Treasury☐ Work☐ Student Loan☐ Unemployment Program☐ Other: _____

Comments:

Sent to the following address:

Date

Student's Signature

Telephone

E-mail

INSTRUCTIONS

1. This form is used to request the certification of academic information included in the student's academic record in the Office of the Registrar.
2. The certification does not include financial or financial aid information.
3. If necessary, use the comments box to give details on the content of the certification you are requesting.
4. Submit this request to the Office of the Registrar.