Request for "If" Letter or Letter of Completion

College of Liberal Arts Advising Center Texas State University

Last Name:	First Name:	Title (circle): Mr. Mrs. Ms. None
Student ID #: A0	Net ID:	Phone #:
Degree (circle): BA BS BPA BAIS	Major:	Minor:
Preferred Pronoun (circle): He/His	She/Her They/Them Xe/Hir O	ther:
Please select the type of letter you are	e requesting:	
"If" Letter (letter indicates t	hat you are in process of completing de	gree requirements)
Anticipated date of	graduation:(Semester/Yea	r)
	indicates that you have <i>completed</i> all r	
Date of graduation:	(Date degree was/will be conf	
Please select your delivery method:		
Pick Up in Advising Ce	nter (Flowers Hall 322)	
Mail to Address:		
Email to Address:		
Student Signature:		Date:
	y, we do not include social security numbers on a nber to be included in this letter, please notify a l	
	***** FOR OFFICE USE ONLY ******	**********
Please select ONE of the following:		
Reviewed for "If" Letter		
Courses in progress/remainin	ng:	
Student has completed all rec	quirements and is eligible for Letter of C	ompletion
I have reviewed this student's academic	c records and the information above is c	orrect to my knowledge.

Advisor Signature: _____