STATUS LETTER / GRADE MAILER REQUEST

Bentley University, 175 Forest St, Waltham, MA 02452, Office of the Registrar, Rauch 111, 781-891-2177
Forms accepted via mail, drop off, email (registrar@bentley.edu) or fax: (781.891.3428)

Please allow 5 business days for processing.

NAME_____ **DATE**_____

DAY PHONE #_____ **EVENING PHONE #**_____

LAST 4 DIGITS OF SSN_____ **STUDENT ID#**_____

DEGREE PROGRAM_____

DATE OF GRADUATION (or expected graduation): _____

Information for which semester:

☐ **Fall**_____ (year) ☐ **Winter**_____ (year) ☐ **Spring**_____ (year) ☐ **Summer**_____ (year)

Student Level: ☐ **Graduate** ☐ **Post Baccalaureate** ☐ **Undergraduate**

I am requesting the following:

☐ **GRADE MAILER**

☐ **Copy of my HIGH SCHOOL TRANSCRIPT** *Limited to:* ☐ *International Students* ☐ *NCAA Eligibility*

☐ **STATUS LETTER with the following information (check all that apply):**

- ☐ **I am a full-time student** *(9 credits or more for Graduate students / 12 credits or more for Undergraduate)*
- ☐ **I am a part-time student** *(less than 9 credits for Graduate students / less than 12 credits for Undergraduate)*
- ☐ **I have already officially graduated in** _____ *(month/year)*
- ☐ **I have completed my graduation requirements and I am awaiting official degree conferral**
- ☐ **Verification for RMV including:** ☐ **Date of Birth** ☐ **Address**
- ☐ **I am taking the final course(s) required for my degree and expect to graduate in** _____ *(month/year)*
- ☐ **Other information you need included or specific requirements for processing:**_____

_____

_____

_____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

☐ **Email document to:**_____ **Email Address:**_____

☐ **Fax document to:**_____ **Fax #**_____

☐ **I will pick up the document in Rauch 111** *(Must present photo ID for pickup)*

☐ **Mail the document to:** **Name:** _____

Address: _____

_____

_____

_____

SIGNATURE (Required):_____