

**REQUEST FOR A STATEMENT OF ACADEMIC STANDING OR DEGREE**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Rhodes ID Number \_\_\_\_\_ Grad Year \_\_\_\_\_

Please prepare a:

\_\_\_\_\_ STATEMENT OF ACADEMIC STANDING

\_\_\_\_\_ Include current cumulative g. p. a. (optional)

\_\_\_\_\_ STATEMENT OF DEGREE

Send To: Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Will pick up \_\_\_\_\_

Student Signature \_\_\_\_\_

Email confirmation \_\_\_\_\_