

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 _____