



Office of International Enrollment  
**MUSKINGUM UNIVERSITY**  
 163 Stormont Street  
 New Concord, OH 43762

**CERTIFICATION LETTER REQUEST FORM**

NAME (family/last) (nickname)		(given/first)	(middle/maiden)
PHONE		E-MAIL	
DATE STUDIES/PROGRAM BEGAN AT MUSKINGUM		EXPECTED GRADUATION DATE	
DEGREE Bachelors    Masters		VISA TYPE F-1   J-1   H-1   other _____	

DATE REQUESTED		DATE NEEDED	
NUMBER OF COPIES Total:		# SEALED	# UNSEALED
Check one:	<input type="checkbox"/>	I will pick up the letter(s) on (date) _____	
	<input type="checkbox"/>	Please mail the letters (airmail only) to the address below:	

*I hereby authorize Muskingum University to release information as requested below.*

\_\_\_\_\_ Date: \_\_\_\_\_  
 Student/Visiting Scholar Signature

**Check which type(s) of certification are required for the letter. Give a brief description, use the back of the form for any additional information. Please include specific names and addresses where available.**

\_\_\_\_\_ Verify student/scholar status

\_\_\_\_\_ Verify tuition expenses

\_\_\_\_\_ Invitation letter – give **name, date of birth, place of birth** (city, state/province, & country), **relationship to you** and if available, **passport number** for *each* individual you are inviting with a brief description of the reason for the invitation. Identify the Consulate or Embassy to which your invitees will apply, at least by country.

\_\_\_\_\_ Letter to Consulate – give name and address of Consulate and reason for letter.

\_\_\_\_\_ Other – please specify.

**Please note: All requests will take one week to complete from the date of submission.**

For Office Use Only:  Date Received _____ Date Completed _____ by _____  Mailed (if required) on _____
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