

## Request for Certificate

You can save a filled copy of this form on your computer by clicking on the icon on your browser.



You will be billed \$5.00 for each certificate requested. The certificate fee is non-refundable, non-transferable, and subject to change without notice. Please carefully PRINT your name EXACTLY as it is to appear on your certificate, using upper and lower case letters. Your first and last name must match university records.

Submit the completed form to:

Office of Admissions, Records and Registration  
University of Texas at Arlington  
Box 19088 · Arlington, TX 76019-0088 Phone:  
817-272-3372  
Fax: 817-272-3223  
Email: Ask Records and Registration

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

UT Arlington ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

Certificate Name: \_\_\_\_\_

Department: \_\_\_\_\_

Term Awarded:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

### Signatures

Graduate Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Graduate Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_