

DOCUMENT REQUEST FORM

Please print clearly and complete all sections

Today's Date: _____

STUDENT DATA

Last Name	First Name	MI
Street Address (including apartment number)		
()		
City/Town	State Zip	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail Address	Signature of Authorization	
Student ID Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)

PLEASE CHECK THE DOCUMENT(S) REQUESTED:

NAME OF PROGRAM/COURSE:

- Program Certificate (no fee)
- Duplicate Certificate (\$15)
- Letter of Completion (\$5)
- Non Credit Transcript on Letterhead (\$5)
- Letter of Enrollment (\$5)
- Other Documentation (fee may apply)



REQUIREMENTS TO EARN A CERTIFICATE:

For each course in your certificate series, you must meet the attendance requirement, pass each course, and complete all required work. You must take at least one course per semester until you have met your program's requirements. Consult the Continuing Education brochure each semester for the most current program information and to schedule your course(s).

This form must be submitted and signed at the completion of the program for a certificate to be issued.

SIGNATURE: _____ DATE: _____

STUDENT ACCOUNTS ONLY:

Pay Code _____ Amount _____

Date _____ Cashier _____

Make checks payable to **Union County College** and mail to:
Continuing Education, Union County College, 1033 Springfield Avenue, Cranford NJ 07016-1599
Phone (908) 709-7600 • Fax (908) 709-7070 • Email coned@ucc.edu