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Certificate of Attendance Request Form

Please allow TWO (2) business days for processing.
You will be emailed when the Certificate is ready for pick-up.

Please Write Clearly

Today's Date (MM/DD/YYYY): _____

LAST Name (Surname): _____

FIRST Name (Given Name): _____

WPI ID Number: _____ ☐ Male ☐ Female

Degree: ☐ BS ☐ MS ☐ PhD ☐ Exchange

Major Field of Study: _____

Program End Date: _____

Purpose:

☐ Date of Birth Proof for RMV Application

☐ Visa Application/Renewal

☐ Other: _____

Date of Birth (MM/DD/YYYY): _____

Notes: _____

If you need more than one copy, please list the number of copies here: _____