

## REQUEST FOR STATEMENT OF COMPLETION OR UPON COMPLETION

(COURSEWORK HAS BEEN FULLFILLED, IN PROGRESS OR DEGREE HAS NOT YET BEEN POSTED)

Student Name:	
Kean ID#:	Date:
Anticipated Graduation Date:	
FIRST MAJOR:	10
SECOND MAJOR:	
CONTENT AREA:	
MINOR/ COLLATERAL:	
*	
Please mall Statement of Completion to:	
	Phone Number
	Email Address
	Pick Up
Signature Date	

Note: The processing time for this document is 48-72 hours. Letters can also be emailed or picked up at the front counter.

<sup>\*\*\*</sup>Please return completed form to Ms. Vera Hernandez