

**Kent State University**  
**College of Education, Health, and Human Services**  
**Office of Student Services, 304 White Hall**

**Request Form for a Letter of Completion**

**Please note: This is a special service we offer to our students and will be available one week after the final date for which grades are to be posted on web for students. Completed forms are to be returned to 304 White Hall.**

**Expected Graduation date:** \_\_\_\_\_  
(Year)

**Spring (May)**     **Fall (December)**     **Summer (August)**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**SS #:** \_\_\_\_\_

**Licensure Area:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_