

## REQUEST FOR STATEMENT OF STANDING

**Instructions:** Please fill out completely and turn in to the Office of Academic Services in 350 Buttrick Hall. Letters will be mailed within three business days.

STUDENT'S NAME: \_\_\_\_\_ Commodore ID: \_\_\_\_\_

Please send a statement of my standing to:

Name of recipient (if known): \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Fax Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for sending statement of standing: (please check)

\_\_\_\_\_ Transferring to the school named above.

\_\_\_\_\_ Attending summer school at the school named above.

\_\_\_\_\_ I have obtained Dean's approval and departmental approval to receive transfer credit for this work.

\_\_\_\_\_ I do not wish to receive transfer credit for this work.

\_\_\_\_\_ Scholarship Application

\_\_\_\_\_ NOLS

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date completed: \_\_\_\_\_