



NAME: _____

DATE OF BIRTH: ____/____/____

CURRENT PROGRAM OF STUDY: _____

EXPECTED GRADUATION: MONTH____ YEAR____

PROOF SHOULD BE SENT TO: Place a number next to each option to request the number of proofs that you would like to be delivered to each location.

____ STUDENT MAIL FOLDER

____ EMAIL ADDRESS _____

____ MAILING ADDRESS (enter below)

NAME: _____

Dept. \ Institution \ Company \ Other \

Street

PO Box

City

State

Country

Zip code

SPECIAL REQUESTS TO BE INCLUDED IN LETTER

(any additional information that should be added to the proof of enrollment letter, including special account numbers or any other required information)

Signature _____

Once request form is complete, please return to the registrar's office or email to registrar@cim.edu. Typical processing time is 48 business hours, but exceptions may occur during busier times of the semester.