
Date

This is to confirm that _____

(First Name Family/Last Name)

is currently enrolled as a full-time _____ graduate student majoring in

(Doctoral, Masters, etc.)

_____ at

(Major)

_____ The student's

(University Name)

program start date is _____ and the expected graduation date is

(Start Date Month and Year)

(Expected Graduation Date Month and Year)

Official Signature

Print or Type Name / Title

Please print on university letterhead and stamp with the official university seal.