

**CERTIFICATION OF ACADEMIC INSTITUTIONAL AUTHORITY**

(Required of all applicants, first time or renewal)

I certify that \_\_\_\_\_ (Name of Student)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (SSN) meets the educational requirements for enrollment or re-enrollment in this institution, and has been/will be accepted for participation in the (indicate the semester) \_\_\_\_\_.

I further certify that this student has enrolled/plans to enroll in the following course(s) for the academic periods shown. The total cost of tuition, books and fees only for **each course** is as shown.

<u>COURSE TITLE</u>	<u>SEM./TRIM.</u>	<u>YEAR</u>	<u>CR. HRS</u>	<u>COST</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

(Use continuation sheet if necessary. Estimates for the current Semester(s) are acceptable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_