

Request for Certificate Completion

INDIANA TECH

Student Information

Name: _____
Last First Middle Maiden

Phone: _____ Student ID # or Last 4 of SSN: _____

E-mail Address: _____

Expected term of completion: ☐ Spring ☐ Fall Year: _____

Certificate: ☐ Undergraduate ☐ Graduate ☐ Post-graduate

Program: _____

Name as you wish it to appear on your certificate. **Please print clearly.**

The certificate and one official transcript will be **electronically** sent to the email address provided above. The electronic certificate can be downloaded and emailed. If you prefer to have a **hard copy** certificate, please complete the Additional Diploma/Certificate Form found on the registrar.indianatech.edu/forms page. Please keep in mind this option includes an additional cost.

☐ I acknowledge that I read the statement above

Note to Student

Return this signed form to the Registrar's Office (preferably as a PDF):

Email- graduation@indianatech.edu

Fax- 260.422.6309

Mail to:

Indiana Tech
Registrar's Office
1600 E. Washington Blvd.
Fort Wayne, IN 46803

Signature

Date

Received by: _____

Date: _____