



FTU Graduation Confirmation Request Form

GRADUATE INFORMATION:

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

E-Mail: _____ Day Phone: _____

Graduation Date: _____ BS ___ BBA ___ MBA ___ Certificate ___

Payment Information:

1. Financial obligations to Frederick Taylor University **must** be cleared before written Confirmation of Graduation can be released.

2. Processing fee is \$25.00 for each Graduation Confirmation Form. All requests will be processed within **three business days** after receipt of payment. The Registrar's Office will forward all requests to receiver by regular mail, fax or email.

Methods of Payment:

- Personal Check
- Certified Check or Money Order
- Visa _____ MasterCard _____ Credit Card # _____
Issued By _____ Expiration Date _____

For payment by Visa or MasterCard, please send your credit card information to fax # 925-376-0908.

Please issue and send my Graduation Confirmation to the Name and Address Below:

Institution / Student Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Student's Signature: _____ Date: _____