



FLORIDA A&M UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

MEMORIAL CERTIFICATE REQUEST FORM

This form is for an affiliate of a deceased student who wishes to request that a memorial certificate be awarded in the student's name.

INSTRUCTIONS: Fill out the information below. Email the document as an attachment to registrardocs@famu.edu.

SECTION I: TO BE COMPLETED BY STUDENT'S DEPARTMENT

Student Name: <i>(on student record)</i>			
Student Name: <i>(as it should appear on the certificate*)</i>			
Address: <i>(where certificate will be mailed)</i>			
Contact Phone Number: <i>(representative requesting certificate)</i>			
Email Address: <i>(representative requesting certificate)</i>			
Program/Plan: <i>(current program/plan of student)</i>			
Is student in Good Academic Standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is their current Academic Status?	
Was the student recently enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what was their last term of enrollment? If Yes, date of recent enrollment.	
Has the student met the necessary threshold of 25% of degree requirements completion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bachelor: <input type="checkbox"/>	Masters: <input type="checkbox"/>	Doctoral: <input type="checkbox"/>	Professional: <input type="checkbox"/>

*Diploma name must be legal name. May not include titles or educational/professional suffixes.

SECTION II: TO BE COMPLETED BY UNIVERSITY STAFF

FOR OFFICE USE ONLY

Department Approved:		Date:	
College Dean Approved:		Date:	
VPAA Approved:		Date:	
President Approved:		Date:	
Registrar Reviewed/Processed:		Date:	