EXCELSIOR COMMUNITY COLLEGE

CAMPUS:_____ No:

LETTER REQUEST

Is this the first letter request for the applicant? YES ☐ NO ☐ (N.B. "Applicant" is the owner of the letter)		Purpose of letter: Job ☐ School ☐ Other_____	Type of Letter: Status ☐ Recommendation ☐
Name under which registered at Excelsior Community College Mr. | Mrs. | Miss	Last	First	Middle
		Current Mailing Address:	Date of Birth: _____/_____/_____ Day Month Year
Telephone Numbers: Home: Work: Cell:	Fax:	E-Mail Address:	ID Number
Student Status: Present ☐ Past ☐ Modular ☐			Day Student ☐ Evening Student ☐
Department & Programme:	Date Started: ____/____ MM / YY	Date of Completion: ____/____ MM / YY	Date of last: Re-sit Exam:_____ Module Done:_____

Give the name and address of Institution/Organization where the letter is to be sent:
(PRINT CLEARLY)

_____

_____

_____

_____

_____

_____

Did you receive Excelsior Community College certification? If Yes, indicate

Associate Degree [ ] Diploma [ ] Certificate [ ] Statement [ ] Incomplete [ ] Other [ ]

If other, specify:_____

PLEASE NOTE:

1. PROCESSING TIME: within 5 working days
   a) The timely processing of your request is dependent on the accuracy and completeness of the information supplied.
   b) All financial and other obligations outstanding to the College must be met before the request is processed.
2. Indicate method of dispatch: Courier Service* Registered Mail* Fax* Regular Mail* To be collected

(*Attract additional cost)

Amount paid at Accounts Dept.	Receipt No. & Date	Date of request	Name of person completing the form:	Contact No:

Signature of person completing the form:

FOR OFFICIAL USE ONLY	Prepared by:	Signature of Document Coordinator:
Date Sent:	Date:	Date: