

MARYGROVE COLLEGE LETTER OF COMPLETION REQUEST FORM

Date:	_				
Last Name		First Name_	First Name		
Student Id or SSN		Former Nam	e		
Address					
City					
Program being completed					
Attended from	_ to				
Send to:					
Name					
Address					
City		State	ZIP		
Signature					

Send form to: Registrar's Office

Marygrove College

8425 West McNichols Road Detroit, MI 48221-2599

or Fax information to: 313-927-1262

There is no charge for this service.