

**REQUEST FOR CERTIFICATION OF ATTENDANCE FOR NON-
IMMIGRANT STUDENTS**

Information About You:

LAST NAME: _____ First Name: _____ Date: _____

Solar I.D. #: _____ Date of Birth: _____

Semester First Entered Stony Brook: _____ Passport No.: _____

Check one: [] Undergraduate [] Graduate [] Postgraduate Student

Major: _____

Current local address:

E-mail address: _____

Telephone number: (h) _____ (w) _____

Purpose of Certificate Request:

- ___ 1. Military or passport purposes
(If required, include your father's name: _____)
- ___ 2. Financial purposes
- ___ 3. Social Security Letter (F-1's only)
- ___ 4. Other (specify: _____)

Semesters you want certificate for (e.g., Spring 2002): _____

Number of copies requested: _____

Please pick up your certificate(s) within two weeks

Student's signature of receipt of certificates: _____

FOR OFFICE USE ONLY:

___ Student must see an adviser before receiving the certificate(s)

___ Student must provide proof of an unexpired passport before receiving the certificate(s)

___ Student cannot receive the certificate(s) because: _____