



President's & Provost's Honor Roll CERTIFICATE REQUEST

OFFICE OF THE UNIVERSITY REGISTRAR

Student Name: _____

Student UM ID Number: _____

Semester(s) Requested: _____

Pickup by: _____

Certificates are picked up at the Office of the University Registrar 1306 Stanford Drive #1230)

Mail to: _____

Date: _____

(CERTIFICATE WILL BE AVAILABLE FOR PICK UP 1 WEEK AFTER REQUEST DATE)

Student Signature: _____

For Official Use Only:

Date Processed _____ Initials _____