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Scholars

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Certificate of Attendance Request Form

(This form MUST be submitted TWO DAYS PRIOR to the requested completion date.)

PLEASE PRINT

Application date: _____

Completion request date: _____

LAST Name: _____

FIRST Name: _____

WPI I.D. Number: _____ Male: _____ Female: _____

Number of copies required: _____

Department/ Major Field of Study: _____

Degree: BS: _____ MS: _____ Ph.D.: _____ Exchange: _____

Expected date of graduation: _____

Notes: _____
