Salisbury University

Center for International Education

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CERTIFICATION OF COMPLETION OF STUDIES FORM

The purpose of this form is to obtain information required to process a student’s *request* for employment authorization. The Certification must be completed by an Academic Advisor, Department Chair or Registrar.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATION OF COMPLETION OF STUDIES

*Please Note:* The Bureau of Citizenship and Immigration Services defines “completion of studies” as the date on which a student completes the last requirement for his/her degree program. It is, for example, the date on which the student completes his/her last final exam, paper or dissertation defense. It is not, in most cases, the date the student is to participate in commencement activities.

# I hereby certify that:

# \_\_\_\_\_ The above named student has been enrolled as a FULL TIME student at Salisbury University for the last nine (9) months, is in good academic standing, and is expected to complete studies on the following date:

#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  month day year

# Name and Title (please type or print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please return this form to:

Agata Liszkowska

International Student & Scholar Advisor

Salisbury University

Salisbury, MD 21801-6862

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