

University/College Name & Address

Ms. Donna Wingard
Certification Dept.
P O Box 391
Bartow, FL 33831

Re: Applicant's Name: _____
Social Security Number: _____

Dear Ms. Wingard:

Date Coursework completed: _____ (i.e. Nov. 12, 2005)
Date Degree Conferred: _____ (i.e. Dec. 17, 2005)
Degree Major: _____ (i.e. Elementary Education)
Degree Type: _____ (i.e. Bachelor's Degree)
Date Transcripts will be available: _____ (i.e. Jan. 5, 2006)
Are there any financial holds on applicants file? Yes/No
Completed a Florida State Approved Program? Yes/No

If you have any questions, please contact me at _____.

Sincerely,

Registrar's Name
Registrar

Place official seal or stamp in box above.