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NAME OF STUDENT

SOCIAL SECURITY NUMBER

COLLEGE OR UNIVERSITY

This is to certify that the above named student:

IS **IS NOT** a regularly enrolled full-time student at this institution.

IS **IS NOT** carrying an academic course load of 12 hours per semester of equivalent load on the quarter system.

Provided progress is normal, and contingent upon satisfactory completion of work, it is expected that the above names student will complete requirements for the following degree:

Associate in Arts/Science (Junior College only)

Baccalaureate

Bachelor of Laws/Jurist Doctor

Expected date of completion of degree requirements: _____

The below information is required to determine this student's eligibility for admission to, or retention in, one of the U. S Marine Corps Officer Candidate Programs:

Major Subject _____

Total number of hours/units attempted _____

Total number of hours/units completed _____

Total number of grade point average _____

Cumulative grade point average _____

At this institution a grade point average of _____
Is equivalent to a "C".

SAT Score Math _____ Verbal _____

ACT Score Math _____ Verbal _____

It is requested that a certified copy of the student's transcript be returned with this form.

REMARKS:

SIGNATURE _____

**PLEASE
AFFIX
SEAL**

TITLE _____

DATE _____

