



COPHS – Office of Student Services Document Request Form

Please fill out the following form and forward it to the Office of Student Services to request your document. All requests require significant research, which results in a 3-5 day processing period. Omission of information in any section of this form will cause a processing delay.

Student's Name:	T-Number:
TSU Email:	Telephone #:

Document (s) Requested:

- Enrollment Verification (College of Pharmacy and Health Sciences Programs)
 - Letter of Academic Standing (College of Pharmacy and Health Sciences Programs)
 - Letter of Recommendation (From whom: _____)
(Documentation for recommendation specifications must be attached to request form)
 - COPHS Program/Course Verification
 - Certification of Graduation and Degree (State Board Verification)
(Documentation for state board verifications must be attached to request form)
 - Other: _____
-

Document Delivery Options (choose one):

- Document to be mailed
 - Document to be picked-up
- _____
- Street Address
- _____
- City, State, Zip Code

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY	
RECEIVED DATE:	RECEIVED BY:
PROCESSED BY:	COMPLETION DATE:
NOTES:	