

University Services
Request for Graduation Clearance Letter

(Must be within 9 credits or less to request a graduation clearance letter)

Please type or print

Student Name: _____ Student ID: _____

Current Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Degree Program: _____

Major: _____ Minor: _____

Expected Date of Degree Completion: _____

Signature: _____ Date: _____

Please mail, fax or email to:

**Western International University
Office of Student Records
9215 N. Black Canyon Hwy.
Phoenix, AZ 85021
Phone: 602.943.2311
Toll free: 866.948.4636
Fax: 602.383.2210
Email: wiuosr@west.edu**