CHESAPEAKE COLLEGE

Chesapeake College Letter of Recognition Application

Please complete this form and mail, fax or bring it to:
Office of Registration, Chesapeake College, P O Box 8, Wye Mills, MD 21679
Telephone: 410-822-5400, Ext. 249   Fax: 410-827-5852
www.chesapeake.edu

There is no application fee.

Student ID Number or Social Security Number: _____

Name

_____
First   Middle   Last   Suffix
(Print your name clearly as you wish it to appear on the Letter of Recognition)

Curriculum Name: _____   Code: _____

Enter the semester of completion: _____

I understand that it is my responsibility to know that I have accumulated the total number of semester hours and required courses in the curriculum for which I am applying for a letter of recognition, and that I must achieve at least a 2.0 cumulative quality point average for these semester hours.

Date: _____   Signature: _____

County of Residence: _____   Mailing Address: _____

_____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Comments: _____

_____

_____

_____

For Office Use

PERC Date: _____