HJ International
GRADUATE SCHOOL for
PEACE AND PUBLIC LEADERSHIP

REQUEST FOR CERTIFICATION

DATE OF REQUEST _____ **DATE REQUIRED BY** _____

STUDENT NAME   (name under which you attended HJI)

_____

I REQUEST   [ ]   **CERTIFICATE OF GRADUATION**
                     [ ]   **ENROLLMENT VERIFICATION**

TO BE SENT TO

_____

_____

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_____

REASON FOR REQUEST _____

STUDENT'S SIGNATURE _____

EMAIL, PHONE OR ADDRESS (in case we need to reach you for clarification)

_____

Office use only: **DATE REQUEST FULFILLED**   _____