Online Course Certification

(To be completed by the Registrar's Office)

This information is for use by the Saudi Arabian Cultural Mission in authenticating degrees and is required from SACM-sponsored applicants for admission purposes at Wichita State University.

lame of previous institution			
D # at previous institution		Date of Birth	
		_ Date of Birth(dd/mm/yyyy)	
udent: By signing this form, you a ichita State University to provide the state University to provide the state university to provide the state	•	's Office at the school you attended be	fore
ame		WSU Student ID#	
Last/Family	First/Given		
gnature			
ease note: For the purpose of this	s form, online courses	ou attended before Wichita State Univ s include: hybrid courses, blended cou	
ame of school			
is is to certify that			
Stude	nt's Last Name	Student's First Name	
did not enroll in an enrolled in the follo	OR	ng his studies at this school. during his studies at this school:	
Name	e of Course	<u>Term</u>	
Name of Registrar's Office official cor	mpleting the form	Phone number	
Signature		Date	

Please return this completed form to: Email: <u>international@wichita.edu</u>; Fax: (316) 978-3777; or Mail: WSU, International Education, 1845 Fairmount, Wichita KS 67260-0122.