LETTER OF GOOD STANDING REQUEST FORM

Student Name:			
Chapman ID #: Phone Number: Number of Letters Requested: Delivery Address:			
		1	
2.			
*Please attach additional addresses if necessary Indicate if any of the following should be included: Class Ranking (released once every academic year at the end of the Spring semester)			
		☐ GPA	
		Indicate all of the following tha	t apply:
For Transfer to Another Inst	titution		
For Study Abroad Program	k		
	oproval from Dean Carey to participate in Study Abroad. Please colling in a Study Abroad program, (excluding <u>only</u> Samford do not require pre-approval).		
Student Signature	Date		
Office Use ONLY:			
Completed on: Completed by:			