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 Institution☐ For Study Abroad Program*			
			oproval from Dean Redding to participate in Study Abroad. Please ng in a Study Abroad program, (excluding <u>only</u> Samford Universityquire pre-approval).
Student Signature	Date		
Office Use ONLY:			
Completed on: Completed by:			