



# Kingston University

## Certificate Request Form

Note: 1. Any fees or charges required for preparing the documents are due and payable at the time this request is submitted.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate the document(s) you are requesting for and how you want to receive it/them:

**Enrollment Certificate** – minimum processing time is 5 working days

Program Enrolled: \_\_\_\_\_

Dates or Terms of Attendance: from \_\_\_\_\_ to \_\_\_\_\_

Current Student: \_\_\_ First Request within the current enrollment year, no fee is required

\_\_\_ Duplicate Request within the current enrollment year, \$20 per copy

Number of Copy/Copies Requested: \_\_\_ Total Fee Due: \$ \_\_\_\_\_

Graduate/Previous Student Requesting for past enrollment record, \$20 per copy

Number of Copy/Copies Requested: \_\_\_ Total Fee Due: \$ \_\_\_\_\_

Rush order for processing in 2 days: \$10

**Certificate of Completion for Massage Technician – 600 Hours Program**

Quarter Completed/Expected to Complete:  Winter  Spring  Summer  Fall Year \_\_\_\_\_

Duplicate certificate (\$50 per issuance) Total Fee Due: \$ \_\_\_\_\_

**I will pick up by myself**

**Please mail the document to me at the following address:**

Street \_\_\_\_\_

City \_\_\_\_\_

State Zip \_\_\_\_\_

Country \_\_\_\_\_

Mailing to an address within the U.S.

First class regular mail (free of charge).

Priority mail within the US \$8.00

Priority Express mail within the US \$30.00

Mailing to an address **OUTSIDE** of the US

Regular international mail \$2.00 and above

International Express mail - please consult with Registrar for the charge

### TOTAL FEES AND CHARGES

Please add up the total fees and charges for your request below and render the payment in full when you submit this Request:

Enrollment Certificate \$ \_\_\_\_\_

Rush Order \$ \_\_\_\_\_

Certificate of Completion \$ \_\_\_\_\_

Shipping \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

You may render the payment by

- visiting the Registrar at the campus or

- mailing a check to Kingston University:

3871 E. Colorado Blvd.,

Pasadena, CA 91107

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\* Office Use \*\*\*\*\*

Registrar's approval: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Date Document Issued: \_\_\_\_\_ Date Document Mailed/Picked Up by Student: \_\_\_\_\_