



SAINT LOUIS
UNIVERSITY

Statement of Good Academic Standing

Please Print Clearly or Enter Fields Electronically to Ensure Accurate Entry

Office of the Registrar
DuBourg Hall, Room 22
One Grand Boulevard
Saint Louis, MO 63103
Phone: (314) 977 2269
Fax: (314) 977 3447
E-Mail registrar@slu.edu

Student Information

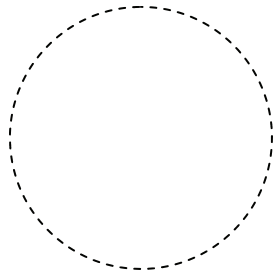
Name: _____
Last Name, First Name

Student ID Number: _____
Located below the Picture on your Student ID

Social Security Number X X X - X X - ____ ____ ____
Required for receiving institution processing

Signature: _____

This form certifies that the above named student's academic record on the basis of grades at Saint Louis University through the end of the **Fall Spring Summer** semester / term, 20 ____ ____ is in good academic standing and is eligible for future enrollment at Saint Louis University.



Official Seal of the
University Registrar

Signature

Date

Questions regarding this verification of good standing can be directed to the Office of the University Registrar
Contact information is detailed in the upper right of this form.