

# Chesapeake College Letter of Recognition Application

Please complete this form and mail, fax or bring it to:  
Office of Registration, Chesapeake College, P O Box 8, Wye Mills, MD 21679  
Telephone: 410-822-5400, Ext. 249 Fax: 410-827-5852  
www.chesapeake.edu

*There is no application fee.*

Student ID Number or Social Security Number: \_\_\_\_\_

Name

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

\_\_\_\_\_

Suffix

**(Print your name clearly as you wish it to appear on the Letter of Recognition)**

Curriculum Name: \_\_\_\_\_ Code: \_\_\_\_\_

Enter the semester of completion: \_\_\_\_\_

I understand that it is my responsibility to know that I have accumulated the total number of semester hours and required courses in the curriculum for which I am applying for a letter of recognition, and that I must achieve at least a 2.0 cumulative quality point average for these semester hours.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use**

PERC Date: \_\_\_\_\_