

Alternate Route

Request for Program Audit/Letter of Completion

Select the program of completion:

Teacher of Students with Disabilities

P3

School Library Media

Other: _____

Name (Please Print or Type): _____

WPUNJ ID #: 855 _____

Address:

Courses currently enrolled in:

I hereby request the Office of Education Enrollment and Certification to submit my file for review to the program coordinator. Once all grades have been posted and a successful audit has been completed, a Letter of Completion will be generated and mailed to the address above.

Signature

Date

Please return this completed form to:

The Office of Education Enrollment & Certification
1600 Valley Road, V4112, Wayne, NJ 07470