



SKILLS VERIFICATION REQUEST

Please note, requests may take 10 to 14 business days to process.

Student ID _____ Name _____

Date of Birth _____ Major _____

Email Address _____ Graduation Term _____
(If applicable)

INFORMATION PROVIDED

- Primary name on student record
- Degree earned (if applicable)
- Degree conferral term (if applicable)
- Degree conferral date (if applicable)
- Course description(s)
- Course learning outcome(s)
- Printed on Academy of Art University letterhead
- Embossed with Academy of Art University seal & Registrar's signature (stamp)

Note: If you are requesting additional information outside of what is listed above, you will need to communicate with your department director directly for that information.

REQUIRED INFORMATION: Class code and title (Example: MPT 159: Cinematography 1). If you do not know this information, it is recommended that you request a transcript from www.getmytranscript.com. You may also access your Degree Planner in the Online Portal for these codes. You may request up to 20 classes. The university does not provide verifications for all classes taken.

Class 1: _____ Class 2: _____

Class 3: _____ Class 4: _____

Class 5: _____ Class 6: _____

Class 7: _____ Class 8: _____

Class 9: _____ Class 10: _____

Class 11: _____ Class 12: _____

Class 13: _____ Class 14: _____

Class 15: _____ Class 16: _____

Class 17: _____ Class 18: _____

Class 19: _____ Class 20: _____