



California Baptist University

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OPS Letter Request

Full Name: _____ ID#: _____ and/or SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Mobile Phone: _____

E-mail address: _____

Program: Undergraduate Graduate Doctorate

Letter should include the following information:

___ Form attached	___ Cumulative GPA (grade point average)
___ Anticipated graduation date	___ Number of Registered Units for _____ Semester _____ Year
___ Degree Verification*	___ Other _____

** Degree verifications are not issued until all outstanding accounts with the University are paid.*

Distribution Method: Pick Up Mailed Emailed Faxed

To whom should we address this letter? (If no name is listed, it will be addressed "To Whom It May Concern.")

Name: _____

Email: _____ Fax No. (_____) _____

Company: _____

Address: _____

City/State/Zip: _____

I understand that letter request processing is typically 3-5 working days. I may be contacted to provide additional information/documentation if needed. Letter requests will not be processed without the signature of the student. I understand that degree verifications are not issued until all outstanding accounts with the University are paid.

Student signature: _____ **Date:** _____

FEES: \$3.00 per letter/form

Advance payment is required by using the [Letter Request eLancer Fee](#) page.

Office Use Only: Date Received: _____ Letter will be ready for pickup on: _____

Clearance _____ Date Completed: _____ Initials: _____ Comments: _____