



420 West Main Street
Danville, VA 24541
Phone: (434)791-5653 Fax: (434)791-7181

Letter of Degree Completion

Student Name and ID: _____
Email: _____
Home Phone: _____ Cell: _____
Current address: _____

Please send my Degree Completion letter to:

Name: _____
Address: _____

Email: _____ Fax: _____

Please list the degree program to be noted on letter:

*****Please note:** All grades from Averett University, Official Transcripts from any other institution that you may have attended, and all degree requirements must be completed before the letter will be available.

Student Signature: _____ **Date:** _____