

Melbourne Florida

Date

To: Whom it May Concern

This letter is to certify that **NAME Student ID** was admitted to our Institution for our **Program**. The academic year will begin on DATE and will end on DATE.

The student will be enrolled in the following courses:

CRN	Subject/Course #	Course Title	Credits
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If you have any questions you can contact me at XXXXX@FIT.EDU or by phone 321-674-8030.

Best Regards,

SIGNATURE BLOCK

State of Florida County of Brevard
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

PRINT, TYPE, OR STAMP NAME OF NOTARY _____
Personally known _____ OR Produced Identification _____ Type of Identification Produced _____