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:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject/Course #</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

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____________________________