



REGISTRAR'S OFFICE

GENERAL INSTRUCTIONS FOR CERTIFICATION REQUEST

ORDERING

To order your certification, complete the Certification Request Form ([link](#)) and deliver to us in one of the following ways:

MAIL: Ponce Health Sciences University
Registrar's Office
PO Box 7004
Ponce, PR 00732

EMAIL: Please attach the certification request form and send to the following email: registrar@psm.edu

IN PERSON: Bring the complete Certification Request Form to PHSU Registrar's Office. If your certification is being picked up by someone other than yourself, they must have your written and signed authorization, along with their own photo ID.

PAYMENT

Cost per Certification is US \$10.00. Payment may be remitted using Visa or Master Card. Please contact PHSU Finance Office at 787-840-2575 ext. 2107 to pay with credit card, or you may pay with credit, or you may pay by regular mail with check or Money Order payable to Ponce Health Sciences University. Mail your request and check or Money Order to:

Ponce Health Sciences University
Registrar's Office
Po Box 7004
Ponce, PR 00732

If you deliver your request in person, payment may be remitted by cash, debit card, check or Money Order.

TIME FOR PROCESSING:

7 business days