



ENROLLMENT VERIFICATION REQUEST

Complete and return to the Office of the Registrar.

Student Name: _____ Student ID Number: _____

Student Level:

Check Any That Apply:

___ Undergraduate

___ Form Attached**

___ Graduate

___ Envelope Enclosed

___ Pick Up

Indicate below the enrollment information to be certified:

___ Student ID Number

___ Current Semester Enrollment - includes dates and enrollment status (full-time or part-time)

___ Current Academic Year Enrollment - includes dates and enrollment status (full-time or part-time)

___ Advance Registered for upcoming semester - includes dates and enrollment status (full-time or part-time)

___ All Previous Enrollment - includes dates and enrollment status (full-time or part-time)

___ Student Classification (freshman, sophomore, graduate, non-degree, etc.)

___ Current Degree Goal and Major

___ Anticipated Graduation Date

___ Degree Conferred Date with Degree and Major

___ Home Address

___ Local Address

___ Leave of Absence*

___ Semester Classification*

___ Semester QPA*

___ Cumulative QPA*

___ Total Credits Earned*

___ Date of Birth

___ Other: _____

Address where enrollment verification is to be mailed:

Name: _____

Street 1: _____

City/State/Zip: _____

Student Signature: _____ Date: _____

Phone Number: _(_____)_____

***Student signature required for release of this information.**

****The Office of the Registrar attaches the enrollment verification statement to any original form supplied.**

The verification provides information requested on the form.