ENROLLMENT VERIFICATION REQUEST

Student Name: ________________________________________________________________
(PLEASE PRINT)

Student ID #: ___________________________________
(or Social Security Number)

Please verify enrollment for the following:

____ Current Semester
____ Last Semester Attended
____ Enrollment History to Date

Optional____ Include Anticipated Degree Completion Date

____ Please MAIL by completed form to:

_______________________________________
_______________________________________
_______________________________________
_______________________________________

____ FAX my completed form to: ___________________________

____ I would like to PICK UP my completed form at Student Services.
(Please allow a minimum of 2 business days.)

Student Signature: ______________________________________  Date: ________________

IMPORTANT: No Enrollment Verifications will be processed for future enrolled terms. Enrollment Verifications are certified after the Drop/Add date in any semester. Also, grades and/or GPA will not be included. If you need a Transcript of your grades please use the Transcript Request Form available in Student Services.