

Enrollment Verification Request

(Return to Student Affairs)



Please note that requests will be processed after the refund deadline of the term. Please allow 2 business days for requests.

Student's Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____ Date _____

Date Letter is to be mailed/picked up _____

Information needed in Letter:

- | | | |
|--|---|--|
| <input type="checkbox"/> Full-time status | <input type="checkbox"/> Student status Freshman | <input type="checkbox"/> Degree conferred |
| <input type="checkbox"/> Part-time status | <input type="checkbox"/> Student status Sophomore | <input type="checkbox"/> Date Degree conferred |
| <input type="checkbox"/> Dates of semester | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Deans List |

Letter to be:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mailed to student's home:
<small>Please verify address:</small> | <input type="checkbox"/> Picked up by student | <input type="checkbox"/> Mailed to a different address:
<small>Please verify address:</small> |
|---|---|--|

Student Signature: _____ Date: _____