

Enrollment Verification Request

Processing Time: Normally 3 days from date of receipt. Allow a minimum of 2 weeks at the beginning and end of each semester. NAME: **FIRST** (Please Print) LAST ΜI DAYTIME PHONE: ____ _ CELLULAR / ALT PHONE: ___ (Area Code and Number) (Area Code and Number) **ENROLLMENT VERIFICATION FOR:** Spring 20_____ Fall 20____ Summer 20____ as a full-time or part-time student Undergraduate Graduate Pre-registration* for the upcoming semester / term _____ *Note: You are not officially enrolled until after the last day of the schedule adjustment period. ADDITIONAL INFORMATION TO INCLUDE: I attached a form to be completed Current semester GPA Current cumulative GPA Anticipated Graduation Date (required for all Military ID verifications) Spring August December Year: Degree: ______ (ex. Bachelor of Arts or Master of Science) Additional information such as policy number, name of insured, etc. You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years. Please consult with your advisor to ensure that your course selections progress you toward your anticipated degree. **FAX/MAIL/PICK-UP INSTRUCTIONS:** I will pick-up the verification. *Note: A photo ID is required for pick-up.* Please fax verification to: (Please mail verification to (*please print*): Name of Recipient: Street Address: ____ City: _____ State: ____ Zip Code: ____ Signature: Date: