

Enrollment Verification Request

*** Please turn in to the Registrar's Office in R45 ***

Student's Name: _____

Date: _____

Phone Number: _____

Please choose the semester for verification: FA _____ SP _____ SU _____

Please send a letter verifying my enrollment status to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: () _____

OR

Name: _____

Fax Number: _____

Student Signature: _____

Registrars use only:

- Letter Sent/Faxed
- Copy put in file