



Enrollment Verification

All Verifications will be processed after 100% drop period

Please fill out one form per term

Name: _____

ID#: _____

Address: _____

Phone: _____ Cell: _____

Number of Copies: _____ Enrollment Verification For: _____
Term/Year

Number of hours in which registered: _____

Enrollment Status: F/T H/T LTHT

Academic Level: Undergraduate Graduate Doctoral

Anticipated Graduation Date: _____
Term/Year

Choose one of the following:

Pick up

Fax to: _____
Please provide Company name and fax number.

Mail to: _____

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