

Enrollment Verification

NAME _____ DATE ____/____/____

Address _____ Social Security# _____

_____ Phone# (____) _____

Mail/ Fax this form to:

I currently:	at the following status:	for the year _____ and term:
___ am enrolled	___ full-time (12 credits/or more)	___ Fall
___ was enrolled	___ half-time (6 to 11 credits)	___ Winter
	___ part-time (5 credits/or less)	___ Spring
		___ May
		___ Summer

Office Use Only

The dates for the above terms are/were:

___/___/___ to ___/___/___ ___/___/___ to ___/___/___

___/___/___ to ___/___/___ ___/___/___ to ___/___/___

___/___/___ to ___/___/___ ___/___/___ to ___/___/___

Student's anticipated graduation date is/was: _____

Registrar _____

Official Seal

CC: Student
Student File