Office of the Registrar

ENROLLMENT VERIFICATION REQUEST FORM

Name (please print all information) _________________________ Student ID # ______________

City _________________________ State _______________ Zip __________

MAJOR: ______________________________________________________________________

Purpose of letter: Loan Deferment: _____ Insurance: _____ Other: __________________________

(please specify)

Please release information concerning my enrollment status for: Spring (Year) __________ Fall (Year) __________

I am/was enrolled:

_________ Full time (12 to 22 credits)

_________ Half time (6 to 11 credits)

_________ Less than half time (less than 6 credits)

My expected date of graduation is: _______________

This letter is to be: ____ Picked up in Person       ____ Mailed       ____ Faxed

If faxed, send to: (____) ______ -________

Mail to: ________________________________

_____________________________________

_____________________________________

_____________________________________

Signature: ___________________________ Date: ____________