

# ENROLLMENT VERIFICATION REPORT

STUDENT'S NAME: \_\_\_\_\_  
(Please Print)

ID#: \_\_\_\_\_ CLASS OF: \_\_\_\_\_ CAMPUS BOX NO: \_\_\_\_\_

SEMESTER TO VERIFY: \_\_\_\_\_ DEADLINE: \_\_\_\_\_

SEND TO:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
CITY STATE ZIP CODE

**ENROLLMENT VERIFICATION IS DONE BY SEMESTER ONLY.  
NO VERIFICATION WILL BE DONE FOR A SEMESTER FOR WHICH YOU HAVE NOT YET  
REGISTERED.**

**PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE**