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