



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: _____