



Enrollment Verification Request

Last Name: _____ First Name: _____ Middle Initial: _____

Student Number: _____

Term(s) to verify: Fall Spring Summer 20__ All

Please verify the following:

- Dates of Attendance Cumulative GPA Term GPA Full-Time Status
- Degree Completion See Attached Form Other _____

Hold for pickup

Special Instructions

Mail (use the space below for address)

Signature: _____

Date: _____

Please allow 2-3 business days for processing.