



Request for Enrollment/Degree Verification

Member of



NOTE: Enrollment Verifications will be completed after the first day of classes for the term requested.

Date: _____ Student ID: _____

Name: _____
Last First Middle

Phone Number: _____ Email: _____
Area Code

Request Current Semester Enrollment

Request Enrollment History

Request Degree Verification

Please mail to: (include name, address, state and zip code)

OR

I will pick up on _____

Who should the request be made attention to _____

Student signature _____

RECORDS OFFICE USE ONLY

Processed by: _____ Date: _____

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