



**Enrollment Verification**

**All Verifications will be processed after 100% drop period**

**Please fill out one form per term**

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Enrollment Verification For: \_\_\_\_\_  
Term/Year

Number of hours in which registered: \_\_\_\_\_

Enrollment Status: F/T H/T LTHT

**Academic Level:** Undergraduate Graduate Doctoral

**Anticipated Graduation Date:** \_\_\_\_\_  
Term/Year

**Choose one of the following:**

Pick up

Fax to: \_\_\_\_\_  
Please provide Company name and fax number.

Mail to: \_\_\_\_\_

\_\_\_\_\_

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