

REQUEST FOR VERIFICATION OF ENROLLMENT

• **Indicate type of verification:**

○ **Verification of Enrollment**

(Available after the ADD/DROP period for a given quarter. Allow seven working days for processing.)

○ **Verification of Enrollment with Expected Graduation**

(Available after the ADD/DROP period of your last quarter. Allow two working days for processing.)

○ **Letter of Good Standing**

(Available after your first quarter Evaluations have been processed. Allow seven working days for processing.)

• **Program enrolled:**

○ BA ○ BRIDGE ○ MAP ○ MAOM ○ MPIC ○ MFA ○ MAE

• **Indicate quarter/semester to be verified:**

○ Current Enrolled Quarter/Semester ○ ALL Enrolled Quarters/Semesters

• **Student's Name/ID Number (print)** _____

Address _____ City/State/Zip _____

Phone #/email (_____) _____

• **Student Signature** _____ **Date** _____

Address letter/fax to:

THIS INFORMATION MUST BE PROVIDED IN ORDER FOR YOUR REQUEST TO BE PROCESSED!!

Name of Agency/School: _____

To whom it may concern: _____

Address/City/Zip Code/State: _____

3/16/10 lf

Office Use Only:	Date Rec'd _____	By _____	Date Sent _____	By _____
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