

Please print. All areas **must** be completed.

Name _____
LAST NAME FIRST MI

STREET/Rt./Box _____ CITY STATE ZIP CODE _____

STUDENT ID NUMBER TELEPHONE NUMBER DAYTIME (8 A.M. - 4:30 P.M.)

Please check the appropriate item:

- Please complete the attached enrollment verification/student loan deferment form (**Attach form**)
- Letter of enrollment verification (**Please provide specific information.**)

- Please check the term and year for which verification is requested:
 20___ Fall 20___ Spring 20___ Summer A 20___ Summer B
 ___ Enrollment History

Please check appropriate item: (This area must be completed!)

- I will pick up form/letter (**ALL REQUESTS WILL BE AVAILABLE FOR PICK UP IN TWO (2) BUSINESS DAYS. ANY REQUESTS SUBMITTED DURING REGISTRATION FOR A PENDING TERM WILL BE AVAILABLE AFTER ADD/DROP REGISTRATION IS COMPLETED.**)
- Please mail form/letter to: (Please attach pre-addressed return envelope if provided.)

Please indicate the program of study you are presently following and anticipated date of graduation.

ANTICIPATED GRADUATION DATE

PROGRAM OF STUDY

DATE OF REQUEST

STUDENT SIGNATURE

Office Use Only
Date: _____
Initials: _____
TRM Hrs: _____