



ENROLLMENT VERIFICATION REQUEST

STUDENT INFORMATION

(All information below must be complete)

Last Name, First Name, MI, Student Identification Number, Social Security Number or alternate Student ID Number, Street Address, Date of Birth, City, State, Zip Code, Telephone Number

REQUEST INFORMATION

- Regular \$3.00 (per copy) Mailed out within 7 to 10 business days
Rush \$10.00 (per copy) Mailed out the same day if requested by 3:00 pm.

MAIL VERIFICATION TO:

Student is responsible for correct address) Check the box to use your name and address

Street Address, City, State, Zip Code

SEMESTER TO BE VERIFIED
Fall Spring Winter Summer Year
NOTE: IF YOU ARE REQUESTING VERIFICATION FOR SOMEONE OTHER THAN YOURSELF YOU MUST HAVE WRITTEN PERMISSION FROM THE STUDENT. VERIFICATION WILL NOT BE PROCESSED WITHOUT STUDENT SIGNATURE

X
STUDENT SIGNATURE

I am Requesting:

- Verification of Enrollment: Indicates the number of active units as of the current date and whether you are enrolled full-time (12 units or more), 3/4 time (9-11 units), half-time (6-8 units) or less than half-time (6 units or less). Includes the semester start and end dates.
Work in Progress: List of enrollment for the semester with add and drop dates, and total active units as of the current date. Includes a statement of full-time (12 units or more), 3/4 time (9-11 units), half-time (6-8 units) or less than half-time (6 units or less).
Good Student Insurance Discount: Designed to satisfy the requirements of automobile insurance discount programs. Includes the current active units, whether or not you have a "B" average in the immediately preceding semester and whether or not you have an overall GPA of a 3.0 "B" or better.
Special Form to be Completed is attached
Verification of Non-Enrollment
Nursing Student Verification

OFFICE USE ONLY

Clerk, Date, Fee Paid, Cash, Check #, Rush Completed, Mailed, No Holds, AF, Completed, Reordered, PAF, Date