Undergraduate Request for Enrollment/Degree Verification

Name: _____, _____, _____   University ID#: _____
          (Last)   (First)   (Mi)

Classification: ☐ Matriculated ☐ Non-matriculated   Today's Date: _____

Telephone # : _____   Email Address: _____

• •

Check One

☐ Enrollment Verification   ☐ Degree Verification

Date: _____   Date: _____
       From   To   From   To

Anticipated date of graduation? _____   Degree Awarded: _____

                                                   Major: _____

• •

Please choose one of the following:

☐ Pick up   ☐ Fax to: _____   ☐ Mail to: _____

                                                                         _____

Updated 7/02   REGISTRAR   _____