

## Enrollment/Degree Verification

### Description

- Student ID Number
- First Name\* \_\_\_\_\_
- Last Name\* \_\_\_\_\_
- Your Email\* \_\_\_\_\_
- Enrollment Status\*
  - Undergraduate
  - Graduate
  - Non-Matriculated / Alumni

• Anticipated Graduation Date (Student) / Graduation Date (Non-Student)\* \_\_\_\_\_

• Delivery Option\*

E-Mail the Verification Form

\*if you chose e-mail we will send it to student e-mail address unless otherwise noted\*

• If Mailing, Please fill out fields.

\_\_\_\_\_ Street Address \_\_\_\_\_ Address Line 2  
\_\_\_\_\_ City \_\_\_\_\_ State / Province / Region  
\_\_\_\_\_ ZIP / Postal Code \_\_\_\_\_ Country

- If faxing, please fill out Fax Number \_\_\_\_\_
- Special Instructions or other information to include on form?

[? Registrar Home](#)

[? Forms & Advising Worksheets](#)

### Date

2024/11/21