

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?

Submit

[â†• Registrar Home](#)

[â†• Forms & Advising Worksheets](#)

Date

2024/07/17