

ENROLLMENT CERTIFICATION REQUEST

Student Information:

First Name: _____ Last Name: _____
Middle Name: _____ Other Names: _____
Student ID or SSN: _____ Phone Number: _____
Signature (*required*): _____ Date: _____

Verification Information:

Complete Attached Form
 Enrollment Verification for: Semester _____
Year _____

Additional Information to Include:

Classification HBU GPA Major/Minor/Degree Pursued
 Anticipated Graduate Date: Semester _____
Year _____

Indicate Distribution:

Pick Up (*Photo ID required*)
 E-mail (Provide contact person and email address)
Name: _____ E-mail: _____
 Fax (Provide contact person and number. **Note: We cannot fax to international numbers**)
Name: _____ Fax#: _____
 Mail
Name: _____
Street: _____

City: _____
State: _____ Zip _____

Office of the Registrar Use ONLY
Processed By: _____ Date: _____