

REQUEST FOR FULL TIME VERIFICATION

Please complete and return to the **Registrar's Office** so that we may process your letter.

Date _____

Name _____
Please Print

Current Level _____

Student Number _____

Address where the letter is to be sent:

Will pick up ()

OR

Fax : () _____

ATTN: _____

This letter will verify your student status, class level, credit hours, and dates of the semester you are requesting to be verified.

Please note that if this verification is requested prior to the first ten days of the current semester, the College will verify that you are pre-registered. Anything after the first ten days of class will be verified as current enrollment.

Fall () _____ Spring () _____ Summer () _____

Signature _____

OFFICE USE ONLY:

Level: _____ Date: _____

Hours: _____ Prepared by: _____