

# 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 \_\_\_\_\_

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OFFICE USE ONLY:

Level: \_\_\_\_\_ Date: \_\_\_\_\_

Hours: \_\_\_\_\_ Prepared by: \_\_\_\_\_