

**VERIFICATION OF STUDENT ENROLLMENT REQUEST**

Instructions: Please provide the following information. Please allow 2-3 days processing time. If you are receiving veteran's benefits **DO NOT COMPLETE THIS FORM** – contact the Financial Aid Office. Certification of full or part time status is based on the hours of enrollment in the term (Summer, Fall, or Spring).

**STUDENT ID#** \_\_\_\_\_**REQUEST DATE:** \_\_\_\_\_**NAME:** \_\_\_\_\_  
*First Middle Last***ADDRESS:** \_\_\_\_\_  
*Street City State Zip***SEMESTER/YEAR REQUEST:** \_\_\_\_\_ **METHOD OF DELIVERY:** \_\_\_\_\_**TYPE OF REQUEST:** \_\_\_\_\_ **Other:** \_\_\_\_\_**REASON FOR REQUEST:** \_\_\_\_\_ **Other:** \_\_\_\_\_**RECIPIENT INFORMATION:****ADDRESS:** \_\_\_\_\_  
*Street City State Zip***FAX NUMBER:** \_\_\_\_\_  
*(If applicable)***EMAIL:** \_\_\_\_\_  
*(If applicable)***STUDENT SIGNATURE:** \_\_\_\_\_**FOR OFFICE USE ONLY****Number of Semester** \_\_\_\_\_ **Date Verified** \_\_\_\_\_ **Verified By** \_\_\_\_\_  
**Hours Verified****Status:** ☐ Adult Ed. ☐ Cont. Ed. ☐ Credit ☐ ESL ☐ GED ☐ Non-Credit ☐ Pre-Credit ☐ Skills**Notes:** \_\_\_\_\_