



Request for Enrollment Verification

INSTRUCTIONS:

Please read carefully, print clearly and sign where indicated. If you fail to sign this form, your request will not be processed. You may pick up your letter (WITH A VALID PHOTO ID) after 3 business days or provide an address in the space below so that the letter can be mailed back to you. WE DO NOT FAX VERIFICATION LETTERS. Enrollment status will be verified as FULL TIME, HALF TIME or LESS THAN HALF TIME.

Student Name: _____

ID Number or SSN: _____

DATES:

- Verify current trimester only.
- Verify range of trimesters. (e.g. Fall 2004 to Spring 2006- specify below)

_____ TO _____

ADD ADDITIONAL INFORMATION:

- Anticipated Graduation Date (you must provide date) _____ / _____ / _____
- Degree(s) earned at NUHS
- Academic Status (good standing, etc.)
- Cumulative GPA
- Hours Earned
- Other (please be very specific)

DELIVERY OPTIONS:

- Pick up after 1 business day. (with a valid photo ID)
- US Mail (provide mailing address below)

If no address is provided, the letter will be filed for you to pick up but will be discarded after 30 days.



Student's Signature: _____ Date: _____