

VERIFICATION REQUEST

Section A: Student Information

Student Name: _____

Student ID: _____ Phone Number: _____
If SSN, last 4 digits ONLY

Email Address: _____ Birth date: _____

Please indicate what semester this verification request is for:

If request is for upcoming semester, please select Pre-Registration Letter option below.

Fall, Spring, Summer Year

Section B: Type of Verification

Academic Standing

Number of Copies _____

Certification of Degree

Check here to pick up verification in person (PHOTO ID REQUIRED)

Degree Pending*

Check here to receive verification by email

Please confirm graduate date is correct in OSCAR

OR

Overall GPA

Mailing Address or Fax _____

Pre-Registration Letter*

You must be registered for at least one course to apply

Rank

Enrollment Verification

Special Instructions _____

Student Signature _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Received by _____ Date: _____