

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

☐ Overall GPA

OR

☐ Pre-Registration Letter*

You must be registered for at least one course to apply

Mailing Address or Fax _____

☐ Rank

☐ Enrollment Verification

Special Instructions _____

Student Signature _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Received by _____ Date: _____