

VERIFICATION OF
ENROLLMENT
REQUEST

Please print neatly below

Last Name: _____	First Name: _____
Student Number: _____	Mailbox: _____
Name while enrolled (if different from above): _____	

THIS LETTER SHOULD:

- State that I am enrolled for the current semester
- State that I am preregistered for the upcoming semester
- State that I was enrolled for the following past semester(s): _____
- State my enrollment status (full or part time according to credit load)
- State my anticipated graduation date: _____
- State that I have graduated and list graduation date
- State my program

PLEASE FORWARD MY VERIFICATION TO:

- Office of the Registrar (student pickup)
- My student mailbox
- My email or fax: _____
- Address below:

Student Signature _____ Date _____

Please return your completed form to the Office of the Registrar, 921 Boylston Street, Suite 120

Office of the Registrar Use Only

Processed by: _____ Date Completed: _____