Undergraduate Request for Enrollment/Degree Verification

Name: ________________________________________  University ID#: ______________________
(Last) ___________________________ (First) ___________________________ (Mi) ___________________________
Classification: □ Matriculated □ Non-matriculated  Today’s Date: ___________________________
Telephone #: ___________________________ Email Address: ___________________________

Check One

□ Enrollment Verification
   Date: ___________________________ From ___________________________ To ___________________________
   Anticipated date of graduation? ___________________________

□ Degree Verification
   Date: ___________________________ From ___________________________ To ___________________________
   Degree Awarded: ___________________________
   Major: ___________________________

Please choose one of the following:

□ Pick up  □ Fax to: ___________________________  □ Mail to: ___________________________

Updated 7/02