



## Status of Enrollment Request

Name: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Information to be verified

\_\_\_\_\_ Academic Standing    \_\_\_\_\_ Include GPA

\_\_\_\_\_ Enrollment Status for:    \_\_\_ Fall    \_\_\_ Spring    \_\_\_ Summer I    \_\_\_ Summer II    Year \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Address to Mail, E-mail or Fax: \_\_\_\_\_

\_\_\_\_\_

*If there is a form to be filled out please attach it to this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_