



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: _____