

REQUEST FOR VERIFICATION OF STUDENT STATUS

**** TO BE COMPLETED BY EDUCATIONAL INSTITUTION****

TO: Office of the Registrar

Please furnish information below on identified student:

Name:

Student ID number: _____

1. Is the student in a degree seeking program? If so, what degree seeking program is the student enrolled in?

Yes ____ No____ Confirmed enrolled degree program ______

2. Enrollment status

____ Currently enrolled as a full-time student

____ Currently enrolled as a half-time student

____ Accepted for enrollment for the upcoming semester Part time ____ Full time ____

____ Not currently enrolled

Note: Half-time is whatever the school determines meets the definition of half-time or one half the number of hours the school requires to be considered a full-time student.

3. Is the student maintaining an acceptable school standing?

Yes ____ No____

Note: "Acceptable standing" for the purpose of this request is at least a 2.0 or better overall GPA.

4. Anticipated graduation date: _____

INFORMATION PROVIDED BY:

Signature:	
Title:	
School:	
Date:	