

Enrollment/Degree Verification

Description

- Student ID Number
- First Name*
- Last Name*
- Your Email*
- Enrollment Status*
 - ☐ Undergraduate
 - ☐ Graduate
 - ☐ Non-Matriculated / Alumni

- Anticipated Graduation Date (Student) / Graduation Date (Non-Student)*

- Delivery Option*

E-Mail the Verification Form

if you chose e-mail we will send it to student e-mail address unless otherwise noted

- If Mailing, Please fill out fields.

Street Address Address Line 2
 City State / Province / Region
 ZIP / Postal Code Country

- If faxing, please fill out Fax Number
- Special Instructions or other information to include on form?

[? Registrar Home](#)

[? Forms & Advising Worksheets](#)

Date

2025/08/04