



**ENROLLMENT VERIFICATION REQUEST FORM**

<b>Student Name:</b>	<b>Phone Number:</b>
<b>St. Thomas ID or last 4-SSN &amp; DOB:</b>	<b>Email:</b>

\_\_\_\_\_ **ENTER YEAR VERIFICATION REQUESTED**

**CHOOSE ONE OF THE FOLLOWING SEMESTERS FOR VERIFICATION**

- \_\_\_\_\_ J-term
- \_\_\_\_\_ Spring Semester
- \_\_\_\_\_ Summer Semester
- \_\_\_\_\_ Fall Semester

**CHOOSE FROM THE FOLLOWING ITEMS FOR INCLUSION IN THE LETTER**

- \_\_\_\_\_ Degree pursued
- \_\_\_\_\_ Enrollment/Registration Status (Full-time, Half-time, etc.)
- \_\_\_\_\_ Number of credits enrolled for selected semester
- \_\_\_\_\_ Class schedule for selected semester
- \_\_\_\_\_ Degree award date
- \_\_\_\_\_ Anticipated graduation date (must provide date): Month: \_\_\_\_\_ Year: \_\_\_\_\_
- \_\_\_\_\_ Additional information (i.e. GPA, major) \_\_\_\_\_
- \_\_\_\_\_ Quantity of letters requested \_\_\_\_\_

**THIRD PARTY FORM: Complete & sign student portion of form.**

\_\_\_\_\_ Name of form authorized for completion: \_\_\_\_\_

**CHOOSE DELIVERY METHOD:** Allow two business days to process request.

- \_\_\_\_\_ Send by Email to: \_\_\_\_\_
- \_\_\_\_\_ Pick up letter at Center for Student Achievement Desk - Murray Herrick Bldg., St. Paul Campus
- \_\_\_\_\_ Mail letter to:
  - Person/Organization Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City, State, Zip Code: \_\_\_\_\_
- \_\_\_\_\_ FAX Number: \_\_\_\_\_

<b>Student Signature</b>	<b>Date</b>
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Return completed, signed form to: [Registrar@stthomas.edu](mailto:Registrar@stthomas.edu)