

REQUEST FOR VERIFICATION OF ENROLLMENT
Office of the Registrar



Instructions:

Please fill in the information requested below. You may pick up this letter after 2 business days, or if you prefer we will mail the letter to you **or** to the address you have listed. **Letters to be picked up will be held for 2 weeks.**

STUDENT ID/ SSN#

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FIRST NAME

M.I.

LAST NAME

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ADDRESS

CITY/STATE

ZIP

PHONE

PLEASE CHECK ALL ITEMS TO BE VERIFIED:

- Enrollment status:**
Choose one: Full-time (12 units +) Half time (6-11 units) Less than half time (less than 6 units)
- Verify current semester only:**
Choose one: Yes No, specify semester and year _____
- Anticipated graduation date**
- Verify degree earned at NHU**
- Student is in good standing**
- Verify cost of attending**
- OTHER (Please be VERY SPECIFIC):**

PLEASE CHECK ONE:

- I will pick up verification at the Office of the Registrar in 2 working days.
- Send verification to: (Please print clearly)

Student signature (required for release of records)

Date