

ENROLLMENT VERIFICATION REQUEST

PART I: STUDENT INFORMATION

First Name		Last Name	MI	Student ID	Number
Birth Date				Anticipated	d Graduation Date (Filled by Student)
PART II:					
Financial Lend	der Account Numb	er:			
PART III: REI	LEASE INFORMA	TION			
Please select one:	Pick up at: Education II North, Student Services Suite				
	Mail or Fax to:				
	To/Attention		Fax Number		
	Address		City	S	tate Zip
	Country (if other than	USA)			
PART VI: STUDENT AUTHORIZATION					
Student Signature Date					
Date Date					
⇒ Do not write below this line – For Office use only					
Student Status	← s: □ Undergraduate	e □ Graduate □ N	Non-degree Seeking		
Status/Hours: FT=Full-Time, HT=Half-Time, LHT=Less than Half-Time, NE=Not Enrolled, *WD=Withdrew					
** Statuses (e.g. Full-Time, Half-Time, etc.) are determined by unique guidelines for individual colleges/programs at Anschutz Medical Campus.					
Enrollment History:					*Date of WD
Term	Year	Date	es Attended	Status/Hours	Date of WB
□ Spring					
□ Summer					
□ Fall					
I certify that the above information is correct as of this signed date.					
Registrar's Office Staff			Date Veri	fied	SCHOOL SEAL

Important Notes: (1) Enrollment cannot be verified until the first day of the term each semester.

(2) Please allow 3-5 business days for processing.

(3) One or more hours of thesis or dissertation credit is considered full-time for any semester.