

Request for Enrollment Verification

Print clearly or type.

Please note: Anticipated completion dates will be set in accordance with the number of hours listed in the catalog for the program of study. Enrollment cannot be verified prior to the end of the drop/add period of the term.

_ Former Last Name (if any):
_ Date of Birth:
Zip:
:
□ Spring □ Summer Year: 20
Verification letter:
mpus: Blairsville Clarkesville Currahee picked up by the requesting student. Photo ID is required.
_ Fax #:
_ Email:
_ State: Zip Code:
Date:
ligital signatures.
n is not available on the Student Clearinghouse website.
Use Only
Date Recieved/Completed

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