Edison State
COMMUNITY COLLEGE

Enrollment Verification Request

(Return to Student Affairs)
Please note that requests will be processed after the term's refund deadline.
Please allow two business days for processing.

Student's Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____ Date _____

Enrollment Verification Letters include:
- Full- or Part-Time status
- Number of credit hours
- Beginning & ending dates of the semester
- Academic program enrolled in
- Anticipated or actual degree date

If additional information is needed, please indicate this request below.

_____
_____
_____

Letter needs to be:

☐ Mailed to Student's Home   ☐ Picked up by Student   ☐ Mailed to a Different Address:

_____   _____
_____   _____
_____   _____
_____   _____

Student's Signature: _____ Date: _____

Processed by: _____
Date entered: _____