



OFFICE OF THE REGISTRAR

777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431-0991
Telephone: 561.297.3050
Fax: 561.297.2756
e-mail: registrar@fau.edu

REQUEST FOR ENROLLMENT VERIFICATION

Return to Registrar's Office

INSTRUCTIONS: Please read carefully and print clearly. Please sign where indicated. If you fail to sign this form, your request will not be processed. You may pick up your letter (WITH A PHOTO ID) after five (5) business days, or provide an address in the space below so that the letter can be mailed back to you. WE DO NOT FAX VERIFICATION LETTERS.

Name: _____ Student I.D. (Z #): _____
(please print)

Phone #: _____

Please check only the items that are to be verified:

- Enrollment Verification
(Enrollment status will be verified as FULL TIME, HALF TIME or LESS THAN HALF TIME.)

Verify current term only? YES NO If NO, please specify the term(s) to be verified:

PLEASE NOTE: ENROLLMENT IN A GIVEN SEMESTER WILL BE VERIFIED **AFTER** THE DROP/ADD PERIOD.

- Anticipated Graduation Date (you must provide date) _____ / _____ / _____
- Degree(s) earned at FAU
- Student is in good standing
- Student's Residency Status for fee paying purposes
- Other (please be very specific) _____

- Pick up (with a photo ID) after five (5) business days. MAIL (please provide mailing address)

If no address is provided, the letter will be filed for you to pick up.

Signature: _____ Date: _____