



ENROLLMENT VERIFICATION REQUEST

Processing Time: Normally **3 days** from date of receipt. Allow a *minimum of 2 weeks* at the *beginning* and *end* of each semester.

NAME: _____
(Please Print) (LAST) (FIRST) (MI)

CNU ID#: _____ **CNU Email:** _____

DAYTIME PHONE: _____ **CELLULAR / ALT NUMBER:** _____
(Area Code and Number) (Area Code and Number)

ENROLLMENT VERIFICATION FOR:

Spring 20____ Fall 20____ Summer 20____ as a full-time or part-time student

Undergraduate Graduate

Pre-registration for the upcoming semester / term _____

Note: You are not officially enrolled until after the last day of the schedule adjustment period

ADDITIONAL INFORMATION TO INCLUDE:

I have attached an additional form to be completed

Current and/or cumulative GPA

Additional information such as policy number, name of insured, etc

Anticipated Graduation Date (*required for all Military ID verifications*)

May August December Year: _____

Degree verification

DELIVERY INSTRUCTIONS

Pick-Up: _____
(Date)

Fax to: _____
(Area Code and Number)

Mail to: _____
(Name)

Attention: _____
(Name)

(Address)

(Company)

(Address)

(City) (State) (Zip Code)

Signature: _____ **Date:** _____