

Aquinas College Standard Enrollment Verification

This Michigan Association of Collegiate Registrars and Admissions Officers verification is designed to expedite the reporting of pertinent and timely academic record information. We appreciate your acceptance of this verification in lieu of completing a form that may have been provided.

TO BE COMPLETED BY THE STUDENT

Name _____		
(last)	(first)	(middle or initial)
Soc. Sec. No.	OR:	ID Number

INFORMATION TO BE VERIFIED MUST BE ENTERED BY THE STUDENT BELOW

Semester or Term	and year:	to be verified:
Start Month-Year of the term	End Month-year	
Hours Currently Enrolled:	Are they: __ Semester Hours __ Quarter Hours __ Other:	
Anticipated Date of Graduation: Month:	Year:	
Grade Point Average:		
Additional Information to be verified:		

SEND VERIFICATION TO:

Name or Office:		
Address:		
City :	State:	ZIP Code:

I authorize the institution I am enrolled in to release the information listed above.

(student signature)

(date)

**TO BE COMPLETED BY THE INSTITUTION
KEY TO ENROLLMENT STATUS**

Full-time At least Half-time Less than Half-time Not enrolled No record found

Comments:

INSTITUTIONAL

SEAL

signature and title