

# LETTER OF ENROLLMENT REQUEST

Name \_\_\_\_\_ ID# \_\_\_\_\_

SS# XXX – XX – \_\_\_\_\_ Student Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Term to be Certified (circle one)

Day Terms:            Fall      Spring      Summer I      Summer II      Summer III

Evening Terms:      E1A      E1B      E2A      E2B      E3A      E3B

Graduate Terms:      Fall      Spring      Summer I      Summer II

Do you want Grade Point Average to be included:      YES      NO

Expected Year and Term to graduate: \_\_\_\_\_ Year      \_\_\_ Fall      \_\_\_ Spring      \_\_\_ August

International Students:      \_\_\_ Dual Citizen      \_\_\_ F1 Visa

\_\_\_ Pick-Up      \_\_\_ Email \_\_\_\_\_

\_\_\_ Fax (\$3.00 Fee per page)

\_\_\_ Please mail \_\_\_ number of copies to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notes

---

---

---

---

---

---

## FOR OFFICE USE ONLY

Completed \_\_\_/\_\_\_/\_\_\_ Initials \_\_\_\_\_