



LETTER OF ENROLLMENT REQUEST
OFFICE OF THE REGISTRAR

Please allow 24 hours for processing.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or registrar@fsouthern.edu.

PERSONAL INFORMATION: Fill out completely.

Name: _____ ID#: _____

Date of Birth: _____ SS#: XXX - XX - _____

Term(s) to be Certified (circle one):

Day Terms: Fall Spring Summer A Summer B Summer C Summer D

Evening Terms: Fall 1A 1B 1C
Spring 2A 2B 2C
Summer 3A 3B 3C

Graduate Terms: Fall Spring Summer I Summer II Summer III

- Optional - Do you want Grade Point Average to be included: YES / NO
Optional - Anticipated Graduation Term/Year (e.g. Spring 2020): _____

DELIVERY OPTIONS: Check all that apply.

___ Pick-Up

___ Fax Fax Number: (_____) _____ - _____

___ Please mail ___ number of copies to:

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____ DATE: _____

NOTES:

Three horizontal lines for notes.

OFFICE USE ONLY
COMPLETED: ___/___/___ INITIALS: _____
Revised: June 2019