University of Colorado Colorado Springs

ENROLLMENT VERIFICATION REQUEST

STUDENT INFORMATION

Student Name: _____ **Student ID#:** _____

DOB (if Student ID# unknown): _____/_____/_____ **Phone#:** (_____)_____-_____

Method of Receipt (Circle One): ◯ **Pick-Up**

◯ **Fax** (Fax Number:_____)

◯ **Mail** (Fill out address below)

Recipient Name (if different from student):_____

Company/Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Country: _____

ACADEMIC INFORMATION

Student is/was registered for (Circle One): ◯ **Full-Time** ◯ **¾ Time** ◯ **Half-Time** ◯ **Less than Half-Time**

College Enrolled in (Circle): ◯ **CLAS** ◯ **EDUC** ◯ **ENGR** ◯ **BUSN** ◯ **NURS/HSCI** ◯ **PAFF** ◯ **NON-DEGREE**

Circle Semester: ◯ **SPRING** ◯ **SUMMER** ◯ **FALL** **YEAR:** _____

Anticipated Graduation: _____ ***or*** **Graduated Date:** _____

Comments:

Student Signature:_____**Date:**_____

PLEASE SUBMIT TO:

University of Colorado Colorado Springs
Office of the Registrar
1420 Austin Bluffs Pkwy.
Colorado Springs, CO 80918

Phone: (719) 255-3361
Fax: (719) 255-3116
E-Mail: registrar@uccs.edu