

# VERIFICATION OF ENROLLMENT

Request Date \_\_\_\_\_

## Part I (To be completed by the student)

Name \_\_\_\_\_ Tech ID Number \_\_\_\_\_

Local Address \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Graduation Date \_\_\_\_\_

Reason for Verification (loan, insurance, etc.) \_\_\_\_\_

I request verification of enrollment for the time period from \_\_\_\_\_ to \_\_\_\_\_ .

NOTE: Enrollment Verification can only be done after the drop/add period for the term has passed.

**(Stamped, addressed envelope must be attached.)**

For office use only

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## Part II (To be completed by the Registrar)

I certify that the above-named student was/is/will be enrolled at Minnesota State University, Mankato as follows:

<u>From</u>	<u>To</u>	<u>Status</u>		
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
_____	_____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time

He/She is registered as a full-time/half-time/less than half-time student for the term which began/will begin on \_\_\_\_\_ and will end on \_\_\_\_\_ , but will not be officially enrolled until the drop/add period for the term has passed. According to our records, he/she graduated/expects to graduate on \_\_\_\_\_ .

\_\_\_\_\_  
Marcius R. Brock, Interim Registrar  
Minnesota State University, Mankato  
132 Wigley Administration Center  
Mankato, MN 56001  
507-389-6266  
School Code (FICE) 002360

\_\_\_\_\_  
Date

\_\_\_\_\_  
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