



OFFICE OF THE REGISTRAR

# FLORIDA ATLANTIC UNIVERSITY

**Davie Campus**

Phone: 954-236-1010

Fax: 954-236-1283

**Boca Campus**

Phone: 561-297-3050

Fax: 561-297-2756

## REQUEST FOR ENROLLMENT VERIFICATION

Return To Registrar's Office

**INSTRUCTIONS:** Please read carefully and please print clearly. Please sign where indicated. If you fail to sign this form, your request will not be processed. You may pick up your letter (WITH A PHOTO ID) after 5 business days, or provide an address in the space below so that the letter can be mailed back to you. **WE DO NOT FAX VERIFICATION LETTERS.**

Student Number: \_\_\_\_\_ Name: \_\_\_\_\_

Please check only the items that are to be verified:

- ☐ Enrollment Verification  
(Enrollment status will be verified as FULL TIME, HALF TIME or LESS THAN HALF TIME.)

Verify current term only? YES ☐ NO ☐ If NO Please specify the term(s) to be verified:

\_\_\_\_\_

**PLEASE NOTE:** ENROLLMENT IN A GIVEN SEMESTER WILL BE VERIFIED AFTER THE DROP/ADD PERIOD.

- ☐ Anticipated Graduation Date (You must provide date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- ☐ Degree(s) earned at FAU
- ☐ Student is in good standing
- ☐ Student's Residency Status for fee paying purposes
- ☐ Other (Please be very specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Pick up (with a photo ID) after 5 business days. ☐ MAIL (Please provide mailing address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no address is provided, the letter will be filed for you to pick up.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_