

OFFICE OF THE REGISTRAR

777 Glades Road P.O. Box 3091 Boca Raton, Florida 33431-0991 Telephone: 561.297.3050 Fax: 561.297.2756 e-mail: registrar@fau.edu

REQUEST FOR ENROLLMENT VERIFICATION

Return to Registrar's Office

INSTRUCTIONS:	Please read carefully and 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 five (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.

	Name:	Student I.D. (Z #):
Enrollment Verification (Enrollment status will be verified as FULL TIME, HALF TIME or LESS THAN HALF TIME.) Verify current term only? YES NO I 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)		(please print)
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Student's Residency Status for fee paying purposes Other (please be very specific)		Degree(s) earned at FAU
□ Other (please be very specific)		□ Student is in good standing
		□ Student's Residency Status for fee paying purposes
□ Pick up (with a photo ID) after five (5) business days. □ MAIL (please provide mailing address)		□ Other (please be very specific)
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If no address is provided, the letter will be filed for you to pick up.