

Framingham State College
Office of the Registrar
100 State Street
PO Box 9101
Framingham, MA 01701-9101

ENROLLMENT VERIFICATION REQUEST

Enrollment verifications will show your full-time or part-time enrollment status (present and past), your major & degree, your class standing, when you first matriculated as a degree-seeking student, and your expected semester and year of completion.

Check option: Please mail to address listed below

OR

Will pick up _____ [Minimum 3 Business Days to process]
Desired Date

Please print clearly.

STUDENT'S NAME: _____

FSC ID#: _____ SOC-SEC-NUM: _____

If for Health Insurance Company:

Insurance Company Name: _____

Policy Number: _____

Policy Holder's Name: _____

Please indicate the specific semester and year you are asking to have verified:

SEMESTER/YEAR: _____ (i.e., Fall 2004)

ADDRESS TO WHICH LETTER IS TO BE MAILED:

Student's Signature (**Required**)

Date Submitted

Office of the Registrar Use Only: Status: _____

Major: _____

Class: _____

SemEnt: .

ExpYOG: _____