

Office of the University Registrar Dwight Hall 220 100 State Street PO Box 9101 Framingham, MA 01701-9101 Email: registrarsoffice@framingham.edu (T) 508-626-4545/(F) 508-626-4589

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, your expected semester and year of completion, and your grades per semester along with your grade point average.

<u>Please print clearly.</u>					
STUDENT'S NAME:					
			Check option:	() Please mail t <u>or</u>	o address listed below
FSU ID#:	SSN (last four digits only):	<u> </u>		() Please fax to <u>or</u>	o number listed below
DOB (mm/dd/yyyy):					(allow for a minimum of five ss days during non-peak periods
If for Health Insurance Company:					
Insurance Company Name:					
Policy Number:					
Policy Holder's Name:					
Student's Signature (<i>Required</i>)	Date Submitted				
********	************************************	******	******	*****	***************************************
				Office Use Only:	Status:
					Major:
					Class:
					SemEnt:
					ExpYOG:
rev.15sep2012.mrp	Req	uest processed by:	Da	ite:	