ENROLLMENT VERIFICATION FORM

<table>
<thead>
<tr>
<th>STUDENT EMPL ID</th>
<th>Last Name</th>
<th>First Name</th>
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Are you currently enrolled:  (   ) Yes  (   ) No  
Date of Birth: ____/ _____/ _____

Dates of Attendance:  
Semester Start Date: (MM/YY) _____/ _____ to Present: _____/ _____

What is your Academic Plan:  Medicine _____  Physician Assistant _____

I am requesting the following letter(s):

Semester:  
- [ ] Fall
- [ ] Spring
- [ ] Summer
Year: 20____

(   ) Current Enrollment:  
Includes Current Program of Study: career, academic plan, academic program, and Enrollment History: start and end dates of the semester, units, and status.

(   ) Cumulative GPA:  
Includes Enrollment History: career, start and end dates for each semester, units, GPA, and status.

Do you want to pick up this letter?  (   ) Yes  (   ) No

Note: If the attendance letter is not picked up within 5 business days of completion, it will be mailed to the address below or the address on your record.

Address:  
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Student Signature: ______________________________________ Date: _____________

*Bursar bill must be paid. If there is a BURSAR HOLD on your record, WE WILL NOT be able to honor your request.

FOR OFFICIAL USE ONLY

Processed by: _______________________________________________________________________ Date: __________________