COPPIN STATE UNIVERSITY
EST. 1900

ENROLLMENT/DEGREE VERIFICATION REQUEST

In order to ensure timely and accurate processing of your request, please complete all sections of this form and include your signature. Enrollment verifications are processed in the order of receipt within 2 working days and will be mailed or faxed.

Please print student information clearly.

Student Identification Number or SSN (last 4):	Date:
Last Name:	First Name:
Name Previously Attended:	Contact Number:
Address:	City, State, Zip Code:
Signature:	

Select the type of information you wish to include on your verification:

Currently Enrolled? ___Yes ___ No
Degree Earned? ___Yes ___ No
Anticipated Graduation Year:_____
Select Term:
Fall __ Winter __ Spring __ SUM __

__ Enrollment Verification w/o GPA
__ Enrollment Verification w/GPA
__ Student Schedule

Process with:
__ Degree post
__ Attached Form
__ Transcript Request
　Receipt # _____
__ Embassy Letter
Student's *request to Embassy (See Attached Template)*

Complete Address or fax number of verification destination. Please print clearly.

___ Fax   ___ Mail

Company:		
Attention to:		
Address:		
City:	State:	Zip Code:
Fax Number:		