



Verification of Enrollment

Date of Request: _____

Name (*please print*) _____

Student ID Number: _____

Expected Graduation Date: _____

Please verify the following:

_____ Current enrollment

_____ Previous enrollment

_____ Enrollment in a clinical program

_____ Letter of Good Standing

_____ Letter of completion

Letter of Verification Mailed or Faxed to:

Student's Mailing Address:

Student Signature: _____

Do Not Write Below This Line

This is to certify that:

Last First Middle Program

a. is currently enrolled as a (full-time, half-time, less than halftime) student from _____ to _____

b. attended Franciscan Missionaries of Our Lady University

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

c. is preregistered for _____ (full time, half-time, less than half-time). Official enrollment can be verified after _____.

d. is a graduate of Franciscan Missionaries of Our Lady University Date: _____

This verification is considered official if embossed with school seal.

Verified by: _____ Date: _____

Title: _____