Morgan State University

Office Of The Registrar

Enrollment Verification Form

Processing Time: 3 business days. The purpose of this form is if you are currently enrolled and need a vericification of student information. Verification of your registration of a future term will be available once your registration is complete.

STUDENT INFORMATION (*Please print all information*)			
Date	Morgan Email Address	Morgan Student ID	Phone Number

First Name	Middle Initial	Last Name

Number and Street	City	State	Zip Code

Please Select:

☐ Provide Letter of Verification ☐ Complete Attached Form

Verification of Enrollment for what term? _____ / _____

Semester Year

Student Status:

Undergraduate

☐ Full-time (12 or more credit hours)

☐ Part-time (Less than 12 credit hours)

Graduate

☐ Full-time (9 or more credit hours)

☐ Part-time (Less than 9 credit hours)

Verification of Other Information:

☐ Credits Earned ☐ Dates of Attendance

☐ Class Standing ☐ Anticipated Graduation Date _____

Recipient Information:

☐ Pick Up (*name if other than yourself*) _____

☐ Mail

_____
Recipient Name

_____
Company or Department

_____
Number and Street Apt or Suite

_____
City State Zip

☐ Email

_____
Email address

☐ Fax

_____
Fax Number

_____
Attention

How many originals needed? (*5 maximum*) _____

Student Signature: _____ **Date:** _____

For office use only

Processed by: _____ Date _____