SAMUEL MERRITT UNIVERSITY

OFFICE OF THE REGISTRAR

Verification of Enrollment

Please print

_____	_____	_____	_____
Name (Last, First, Middle Initial)	**Student I.D. #**	**Student's Signature**	**Date**

Please mark the item(s) to be verified:

☐ Status: Full-time Half-time Less than Half-time

☐ Term (s) to verified:
- ☐ - FALL
- ☐ - JAN term
- ☐ - SPRING
- ☐ - SUMMER
- ☐ - ALL (Including current term)
- ☐ - OTHER (i.e. entry date): _____

☐ Major

☐ Degree Expected / Granted

☐ Date Degree Expected / Granted

☐ Other (Specify):

_____

_____

OFFICE USE ONLY

☐ - FALL: ____/ ____/ ____ to: ____/ ____/ ____ FT HT LTHT

☐ - JAN: ____/ ____/ ____ to: ____/ ____/ ____ FT HT LTHT

☐ - SPRG: ____/ ____/ ____ to: ____/ ____/ ____ FT HT LTHT

☐ - SUM: ____/ ____/ ____ to: ____/ ____/ ____ FT HT LTHT

☐ - ALL (Current Year): _____

☐ - OTHER: _____

Major: _____

Degree Expected / Granted: _____

Date Degree Expected / Granted: _____

Other: _____

(Do not accept altered dates)

OFFICE USE ONLY

(Student is in good academic standing unless otherwise noted)

☐ **Hold for student pick-up**

☐ **Mail to the address below**

_____

_____

_____

_____

(Date)

_____

(Signature of certifying official)

Samuel Merritt University, 450 30th St., Suite 2802, Oakland, CA 94609
(510) 869-1550 (510) 869-6204 (fax)