SAMUEL MERRITT COLLEGE

Office of the Registrar
450 30th Street, Suite 2802
Oakland, CA 94609
Telephone: 510.869.1550 Fax: 510.869.6204

VERIFICATION OF ENROLLMENT

Name (Last, First, Middle Initial) _____ Student ID # _____ 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**

_____
_____
_____

_____
(Signature of certifying official) **(Date)**