



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

Request for Verification of Enrollment

Student Name: (F) _____ (MI) _____ (L) _____

PC ID # or SSN: _____ School: CAS SPS EDU

Telephone #: _____ Alt. Telephone #: _____

Letter should include the following information:

(Please note that we cannot certify enrollment for future semesters.)

- Confirmation of current semester's enrollment. Only processed after add/drop period.
- Degree program and curriculum.
- Expected degree and date of graduation. When do you plan to graduate? _____
- Degree(s) awarded and date(s).
- Enrollment status for previous semesters. Please list: _____
- Academic Standing.
- Other. Please specify: _____

Please mail letter to:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Zip _____

Please fax letter to:

Attn: _____ Fax #: _____

Student Signature: _____ Date: ___/___/___

Office Use Only: Date Received: _____ Entered by: _____ Date: _____