

738 South Mason Street- MSC 3528 • Harrisonburg, VA 22807 • (540) 568-6281 phone • (540)568-5615 fax

Enrollment Verification Request

PLEASE PRINT LEGIBLY:

Name: _____ Student ID #: _____

Phone Number: _____ Email: _____ Date of Birth: _____

Expected Graduation Date (Month/Year)* _____ Number of Copies _____

*The expected graduation date entered will be the date used for the enrollment verification. This date will not be verified by University Staff. Providing an incorrect expected graduation date could negatively affect future education and employment opportunities, as well as financial aid issues.

- *Future enrollment cannot be verified*
- *Normal processing time is within five business days*

(1) Request Information:

- Complete the form I provided (Must complete all student portions and sign before submitting)
- Provide me a Letter of Enrollment (Includes expected graduation date)
- International Invitation to Commencement (Must provide full names and relationship to the student)
- Degree Verification (JMU degree is conferred on student's transcript)
- Anticipated Degree Verification (Applied to graduate and is on track pending successful completion of enrolled courses)
- Other (Please explain) _____

(2) Please check which semester(s) you are requesting verification for:

- Current semester (Semester that has already started)
- Pre-registration for upcoming semester (Semester that has **not** started, but you have enrollment for that term)
- Past semester(s): _____

(3) Delivery Information:

- Hold for Student Pick Up (Student must present valid ID or JACard when picking up the verification)
- Email to student's **@dukes.jmu.edu** email address (non-JMU emails are not authorized)
- I authorize the following individual to pick up my verification on my behalf _____
(Print name legibly. Only valid with the student's handwritten signature (No Exceptions!). Must bring valid photo ID)

Fax: (____) _____ ATTN: _____ Re: _____

Mail: Recipient's Name: _____

Street Address: _____

City, State: _____ Country: _____ Zip Code: _____

Signature (REQUIRED): _____ Date: _____