



# Enrollment Verification

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Please verify the following information:**

- Student is currently enrolled as a full-time student (12 hours or more)
- Student is currently enrolled as a part-time student (less than 12 hours)
- Student is anticipated to graduate \_\_\_\_\_
- Student is in good standing at Georgia Gwinnett College and is eligible to return

Verify enrollment for which term/year: \_\_\_\_\_

Check one:

Please mail verification to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax verification to:  
Fax number: \_\_\_\_\_  
Attention: \_\_\_\_\_

I will pick up verification.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date