

REQUEST FOR VERIFICATION OF ENROLLMENT

STUDENT'S NAME: _____
(Please Print)

STUDENT ID OR SS#: _____ **TELEPHONE OR EXT:** _____

COLLEGE:
____ **UNDERGRADUATE STUDIES** ____ **LIFELONG LEARNING** ____ **GRADUATE STUDIES**

SEMESTER/YEAR TO BE VERIFIED: **FALL** _____ **SUMMER** _____ **SPRING** _____

PLEASE NOTE: Verifications can only be done for past and current semesters where enrollment exists.

REASON FOR REQUEST: _____
(i.e. Insurance, Scholarships, etc.)

SPECIAL INSTRUCTIONS: _____

____ **PICK UP** (you will be called when it is ready)

____ **MAIL OR FAX TO:** _____

SIGNATURE: _____ **DATE:** _____

PLEASE ALLOW THREE DAYS TO PROCESS YOUR REQUEST

RETURN COMPLETED FORM TO: REGISTRAR'S OFFICE
30 VILLA MARIA

OR **MAIL TO: REGISTRAR'S OFFICE**
IMMACULATA UNIVERSITY
PO BOX 634
IMMACULATA, PA 19345-0634

OR **FAX TO: 610.647.7073**

FOR QUESTIONS PLEASE CALL 610.647.4400 X3007