Enrollment/Degree Verification Request

Please supply the following information. Include with this form any specialized verification form required by the organization requesting verification.

Full Legal Name: _____ Date of Birth: _____
Social Security Number or Student ID: _____

Any other names used while attending Immaculata University or the Brandywine School of Nursing:
_____ _____

Verification Requested (please check at that apply):
- ☐ Dates of Attendance. Dates for which verification is requested: From: _____ To_____
- ☐ Year of Graduation/Degree _____
- ☐ Enrollment Status (full-time/part time). Term(s) requested: _____
- ☐ Anticipated Graduation Date
- ☐ Cumulative Grade Point Average (Only available with student signature)

Special Directions:
_____
_____
_____

Verification Should Be Addressed to:

Name: _____ Organization (if applicable): _____
Street: _____ City : _____
State: _____ Zip: _____

Instructions:
- ☐ Mail to address above
- ☐ Fax to _____
- ☐ Email (sent as pdf attachment) _____
- ☐ I will pick up at the Office of the Registrar

Requestor Signature: _____ **Date:** _____
Phone: _____

Verifications accepted by:

Mail: Immaculata University
Office of the Registrar
Villa Maria Hall, 30
1145 King Road
Immaculata, PA 19345

Fax: 610-647-7073

Email: registrarhelp@immaculata.edu