



REQUEST FOR ENROLLMENT INFORMATION LETTER

Submit to the Office of Admissions and Records, P203.

Name _____ Student ID _____
Print

Semester for which you are requesting letter: Fall _____ Spring _____ Summer _____
Year Year Year

Number of Copies Requested: _____

Type of Letter (check one)

- Enrollment history
- MMR Records
- Full-time letter
(Must be enrolled for at least 12 hours)
- Letter of good standing
- Acceptance letter

Purpose of Letter (check one)

- Student loans
- Medical/Car Insurance
- Other _____

Method of Delivery (check all that apply)

- I will pick up: (Date) _____ (Time) _____
- Fax to: (_____) _____ - _____
- Mail to: Name _____
Address _____
City, State, Zip _____

- Send now
- Send at the beginning of the semester

Signature _____ Date _____