

Request for Enrollment Verification/Certification

Student's Name						
Student ID Number				Date		
Telephone Number (C	ell Phone#)					
Check Current Elon St	atus:					
Undergraduate	MBA	MED	DPT	PAS	MA (iMedia)	
Please check one of th	e following:					
form provided by Elon University				other form/envelope attached (please sign if applicable)		
OTHER INFORMATION	I NEEDED:					
***Anticipated Gradu	ation Date:					
I will pick	up form (af	ter 4:00 pm to	morrow)			
Please fa						
Fax Number				Attention:		
PLEASE MAIL TO:						

IMPORTANT---PLEASE READ

The Office of the Registrar can only certify that a student is enrolled at Elon University for the current semester or previous semesters. A future semester will be certified as pre-registered. An insurance company may deny a claim, or a loan institution may not defer a payment, if the <u>exact</u> dates that they need are not indicated.