



# Enrollment Verification

Resurrection University  
Office of the Registrar  
1431 N. Claremont Ave  
Chicago, IL 60622

## Instructions

1. Fill out the request form in its entirety and be sure to indicate whether the letter is to be mailed, emailed or held for pick-up
2. Allow for at least two business days for processing (longer wait times during peak periods in the semester)
3. Submit this form to the Registrar's Office

**Note:** Enrollment verifications are limited to one semester only; more than one semester requires an official transcript request.

## SECTION 1: Student Information

Name: \_\_\_\_\_ Student ID# or Last 4 Digits of SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Program: \_\_\_\_\_ Year: \_\_\_\_\_ Fall  Spring  Summer  Term: \_\_\_\_\_

## SECTION 2: Contact Information

Provide the organization/contact name, mailing address, email and/or fax number where the letter will be delivered.

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## SECTION 3: Request Information:

Please include the following information (check all that apply):

- GPA  
  Program  
  Enrollment Status  
  Semester Start Date  
  Good Standing  
  Anticipated Grad Date  
 Other: \_\_\_\_\_

Reason(s) for Request:

- Nursing Residency  
  Employer Request  
  Transfer  
  Other \_\_\_\_\_

## SECTION 4: Delivery Options

- Pick-up from the Office of the Registrar  
 Send to recipient listed above  
 Send to me at the contact information below

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## SECTION 5: Student Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
This student is in good academic standing.	
Verified by: _____	Date: _____