

ENROLLMENT VERIFICATION INFORMATION

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
Last First

SHIP EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

STUDENT STATUS     GRAD     UNDERGRAD

ANTICIPATED GRADUATION DATE \_\_\_\_\_

Signature of Student \_\_\_\_\_

TERM:

- Summer A
- Summer B
- Fall
- Spring
- Winter

FAX TO:    RECIPIENT NAME \_\_\_\_\_ FAX # \_\_\_\_\_

**OR**

MAIL TO:    RECIPIENT NAME \_\_\_\_\_

RECIPIENT ADDRESS \_\_\_\_\_

**OR**

WILL PICK UP ON (date) \_\_\_\_\_

\* Student must be scheduled for classes for the term requested.

\*\*Fax this form to: Registrar's Office at (717) 477-4017 OR Email this form to registrar@ship.edu

OR

\*\*Mail this form to:

Shippensburg University  
Registrar's Office  
Old Main 110  
1871 Old Main Drive  
Shippensburg, PA 17257