## OFFICE OF STUDENT ASSISTANCE

### ENROLLMENT AND/OR DEGREE REQUEST FORM

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE</th>
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<tr>
<th>STREET ADDRESS/P.O. BOX</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<th>DAY TELEPHONE NUMBER</th>
<th>EVENING TELEPHONE NUMBER</th>
<th>MOBILE NUMBER</th>
<th>E-MAIL ADDRESS</th>
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If this is a new address/phone #, please indicate what you would like to be updated on your record

- [ ] Mailing Address
- [ ] Permanent Address
- [ ] Telephone

Have you filled out an Application for Graduation & Diploma Form for Graduation?  

- [ ] YES  
- [ ] NO

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**GRADUATES CANNOT BE REQUESTED ON THIS FORM. PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING**

(A Collection, Financial Aid, Library, Health Care, or Student Account hold will prevent this letter from being generated)

### LEVEL:  

- [ ] UNDERGRADUATE (01)  
- [ ] GRADUATE (02)  
- [ ] DOCTORAL (05)

### SEMESTER:  

- [ ] FALL ______  
- [ ] SPRING ______  
- [ ] SUMMER 1 ______  
- [ ] SUMMER 2 ______

### LETTER TO BE ADDRESSED TO:

- NAME ___________________________________________________________________________
- COMPANY NAME (IF APPLICABLE) ___________________________________________________________________________
- FAX TELEPHONE NUMBER ___________________________________________________________________________
- STREET NUMBER AND NAME ___________________________________________________________________________
- APT NUMBER ___________________________________________________________________________
- CITY ___________________________________________________________________________
- STATE ___________________________________________________________________________
- ZIP CODE ___________________________________________________________________________

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**Request Type: (Current semester enrollment can only be verified once payment has been made.)**

### Enrollment Verification (EMPL)

- Current Term
- Semester Dates
- Enrolled Hours
- Full or Part time
- Expected Graduation
- Degree
- Major

### Awarded Degree (DEGR)

- Graduation Date
- Graduation Term
- Degree
- Major

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**STUDENT’S SIGNATURE**

[ ] FAX (____)_________________________  

[ ] EMAIL  

[ ] MAIL  

[ ] PICK UP

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**FOR OFFICE USE ONLY**

- [ ] NO HOLDS (SOAHOLD)  
- OSA STAFF ___________________________  
- DATE ___________________________

- [ ] RECEIVED – TGACOMC SCREEN UPDATED  
- OSA STAFF ___________________________  
- DATE ___________________________

- [ ] SENT – TGACOMC SCREEN UPDATED  
- OSA STAFF ___________________________  
- DATE ___________________________