

OFFICE OF STUDENT ASSISTANCE

ENROLLMENT AND/OR DEGREE REQUEST FORM



STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE _____

STREET ADDRESS/P.O. BOX _____ CITY _____ STATE _____ ZIP _____

DAY TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____ MOBILE NUMBER _____ E-MAIL ADDRESS _____

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

**GRADES 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 _____

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

STUDENT'S SIGNATURE _____

DATE _____

FAX (____) _____ EMAIL _____ MAIL _____ PICK UP _____

FOR OFFICE USE ONLY

<input type="checkbox"/> NO HOLDS (SOAHOLD)	OSA STAFF _____	DATE _____
<input type="checkbox"/> RECEIVED – TGACOMC SCREEN UPDATED	OSA STAFF _____	DATE _____
<input type="checkbox"/> SENT – TGACOMC SCREEN UPDATED	OSA STAFF _____	DATE _____