ENROLLMENT CERTIFICATION REQUEST

NAME ____________________________________________________________

(PLEASE PRINT)

STUDENT ID NUMBER ___________________________ DATE ______________________

SIGNATURE __________________________________________________________________

☐ ON-DEMAND

OR

☐ MAIL TO: ________________________________

________________________________________________________________________

________________________________________________________________________

NUMBER OF COPIES REQUESTED: ______________

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Select Item(s) to Verify:

Proof of Enrollment:

_____ Current Term Only or

_____ Multiple Terms from ________ to ________

_____ Degree(s)

_____ Rank in Class

_____ Academic Standing

_____ Hours Attempted/Earned

Cumulative GPA

_____ (UNT Coursework Only)

_____ Major

_____ Academic Level

_____ Course Schedule

Semester ______

Year ______

_____ Anticipated Graduation

Semester & Year ______

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Revised 9/20/2010