



Verification of Enrollment

This is to certify that _____
Last Name/ First Name/ Middle Name or Initial

Enrolled in () Degree Program () Intensive English Program

For School Term: _____

Term start Date: _____ End Date: _____

Name of School: _____

Major: _____

Student School Advisor's Name: _____

Telephone Number : () _____

Signature and Stamp of School Registrar Office: _____

Student's Embassy File Number: _____

Embassy Advisor's Name: _____

Courses Scheduled for term: _____

<u>Course Number</u>	<u>Course Name/Title</u>	<u>Number of Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____