

**Teachers College, Columbia University**  
Office of the Registrar  
**REQUEST FOR ENROLLMENT VERIFICATION**

**Student Information:**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Are you Registered for the current term? \_\_\_\_\_

Have you filed a Certificate of Equivalency (COE) form? \_\_\_\_\_

**Please be sure to complete this form fully and sign below**

**PLEASE NOTE:**

1. Enrollment in future terms can NOT be verified
2. Fewer than 5 points is defined as LESS THAN HALF-TIME.
3. Doctoral Dissertation Advisement (xxxx 8900) is considered FULL-TIME.

**Verification Type:**

\_\_\_\_\_ I have attached a form from my lender or other agency to this form.

\_\_\_\_\_ Please issue the letter of enrollment verification verifying my enrollment as a

\_\_\_\_\_ HALF-TIME STUDENT (5-8) or

\_\_\_\_\_ FULL-TIME STUDENT (9 or more points)

for the following term(s): \_\_\_\_\_

**Additional Information:**

If you wish to have additional information included in your letter, please indicate this information below. If you are requesting a verification for deferment of a loan, please included your loan account number.

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**Completed Letter will be:**

\_\_\_\_\_ Picked up from the Receptionist in the Registrar's Office

\_\_\_\_\_ Please mail the enrollment verification to the address below:

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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_