

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? _____

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.

Completed Letter will be:

_____ Picked up from the Receptionist in the Registrar's Office

_____ Please mail the enrollment verification to the address below:

Signature of Student: _____ **Date:** _____