

ENROLLMENT VERIFICATION REQUEST

University of North Texas Health Science Center
Office of the Registrar, EAD 247
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

(817) 735-2201 / Fax (817) 735-0448

Questions regarding data collected may be directed to the Registrar. (HB 1922)

(PLEASE PRINT)

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

<u>Program</u>		<u>Type of Verification Needed:</u>	
<input type="checkbox"/> GSBS	<input type="checkbox"/> TCOM-DO Class of _____	<input type="checkbox"/> Current Enrollment Only	<input type="checkbox"/> Anticipated Graduation Date
<input type="checkbox"/> SPH	<input type="checkbox"/> SHP-PA Class of _____	<input type="checkbox"/> Academic Standing	<input type="checkbox"/> Semester Dates
	<input type="checkbox"/> SHP-PT Class of _____	<input type="checkbox"/> Explanation of Extended Enrollment	<input type="checkbox"/> Matriculation Date

Address to Send Enrollment Verification:

Fax to:

Attn: _____ Fax Number: _____

I wish to pick up my enrollment verification in person

I certify that I am the person whose name appears on the name line of this form.

Signature

Note: Requests will take a minimum of 24 hours to complete.

For Office Use Only

Date Request Completed: _____