



OFFICE OF THE REGISTRAR
 MARSHALL UNIVERSITY
 One John Marshall Drive
 Huntington, WV 25755
 Fax: 304-696-6476
 ENROLLMENT VERIFICATION



STUDENT:
 Last First Middle Maiden

STUDENT ID NUMBER: TODAY'S DATE:

CURRENT ADDRESS:

ANTICIPATED GRAD DATE: SIGNATURE:

FOR INSURANCE PURPOSE ONLY

INSURED PARENT'S NAME:

PARENT'S SOCIAL SECURITY NUMBER:

EMPLOYER:

MAIL STATEMENT

NAME:

ADDRESS:

FAX NUMBER:

OFFICE USE ONLY (12 hrs=FT Undergraduate, 9 hrs=FT Graduate, 18 hrs=FT Medical)

This is to certify that

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Social Security Number	Number of Hours

Currently enrolled as a:

- Undergraduate Graduate Medical
- Full Time Student Half Time Student Less Than Half Time Student
- Fall Spring
- Intersession Summer I Summer II Summer III

Beginning Date: Ending Date:

Remarks:

Date:

Respectfully Submitted,

Registrar