



OFFICE OF THE REGISTRAR  
 MARSHALL UNIVERSITY  
 One John Marshall Drive  
 Huntington, WV 25755  
 registrar@marshall.edu  
 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 PERSON'S NAME:

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	Student ID Number	Number of Hours

Currently enrolled as a:

- Undergraduate   
  Graduate   
  Medical   
  Professional  
 Full Time Student   
  Three-Quarter Time Student  
 Half Time Student   
  Less Than Half Time Student  
 Fall   
  Spring   
  Summer

Beginning Date:  Ending Date:

Remarks:

Date:

Respectfully Submitted,

Registrar