



Please indicate program:

Office of the Registrar

REQUEST FOR FULL-TIME STATUS LETTER
PLEASE PRINT

Name _____ DOB _____ Student # _____
Soc Sec # _____ - _____ - _____ Term _____ Expected Grad Date _____
Signature _____ Date _____

Please send a full-time status letter, with the information noted below, to:

Name of person/organization: _____
Attention: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Circle one Mail request: Y N Pick-up request: Y N

Letter to be used for:

_____ Health/Car Insurance _____ Credit Card _____ Loan _____ Scholarship
_____ Good Driver Discount _____ Other (explain) _____

Please include the following information in the letter:

_____ Full-Time Student _____ Term _____ Social Security Number
_____ G.P.A. _____ Entry Date _____ Date of Graduation _____ Other

For use by Registrar's Office:

Date Received: _____ Date Mailed: _____
Processed By: _____ Issued to Student: _____